

HEALTH NEEDS OF CHILDREN IN THE FOSTER CARE SYSTEM

HEARING BEFORE THE SUBCOMMITTEE ON HEALTH CARE OF THE COMMITTEE ON FINANCE UNITED STATES SENATE ONE HUNDRED SIXTH CONGRESS

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HEALTH NEEDS OF CHILDREN IN THE FOSTER CARE SYSTEM

WEDNESDAY, OCTOBER 13, 1999

U.S. SENATE,
SUBCOMMITTEE ON HEALTH CARE,
COMMITTEE ON FINANCE,
Washington, DC.

The hearing was convened, pursuant to notice, at 2:30 p.m., in room 215, Dirksen Senate Office Building, Hon. John H. Chafee (chairman of the subcommittee) presiding.

Also present: Senators Grassley, Jeffords, Rockefeller, and Breaux.

OPENING STATEMENT OF HON. JOHN H. CHAFEE, A U.S. SENATOR FROM RHODE ISLAND, CHAIRMAN, SUBCOMMITTEE ON HEALTH CARE

Senator CHAFEE. Good afternoon, everyone. We are here today to address a very serious problem, and I must say, until I got into this problem, I did not realize how serious it was.

Every year, 20,000 foster children are forced off the foster care rolls and into the real world because they have turned 18 and are no longer eligible for the health benefits and life skills training the program provides.

Foster parents who care for a child after his or her 18th birthday no longer receive a stipend for this care. Although these youngsters may be technically adults, they often come from very troubled backgrounds and lack the skills essential to becoming self-reliant and productive adults.

It is not surprising, given this situation, that these youngsters have a much higher incidence of substance abuse, out-of-wedlock pregnancy, homelessness, poverty, and mental health problems. Consider this: only half of these young people have completed high school or found jobs by their 18th birthday.

To address the needs of children who age out of the foster care system, I joined Senators Rockefeller, Bond, Jeffords, and others in introducing the Foster Care Independence Act earlier this year.

Our legislation would double the funding for the current independent living program and allow youngsters to remain in the program until they turn 21.

Our bill ensures that these youngsters will continue to receive health care coverage under the Medicaid program, which is the focus of today's hearing. Under our bill, those States that choose to receive the additional funding for their independent living pro-

grams must also agree to provide Medicaid coverage for the youngsters in the program until they turn 21.

For youngsters who are adopted at age 16 or 17, our bill would also extend Medicaid coverage to age 21. That is for those youngsters who are adopted. This provision builds upon the important changes we made in 1997 as part of the Adoption and Safe Families Act, which sought to remove the barriers to adoption of older children.

Our Medicaid provision—I do want to stress this—is not a mandate on the States, as some have claimed. If the States want to continue operating their independent living program with the current funding level, nothing in our legislation stops them.

But if the States want access this new amount of money, they must agree to provide Medicaid coverage for those youngsters through age 21. This is not a mandate. If a State does not want to provide the Medicaid coverage, they can choose to keep the status quo.

I am very pleased to welcome the distinguished members of the House, Mr. DeLay, Mr. Cardin, Representative Nancy Johnson, who will testify in support of older foster children today.

Earlier this year, a very similar bill introduced by Representatives Johnson and Cardin passed with overwhelming support in the House, and I do want to commend those who supported it for the tremendous victory in the House. It was a big step forward.

I believe our bill improves upon the House bill by ensuring that even more foster children are covered under Medicaid. In fact, CBO estimates that the Senate bill will provide Medicaid coverage to 29 percent more former foster children than the House bill, and would ensure that older children do not lose an opportunity to be adopted because their Medicaid coverage will end.

As anyone who has raised children knows, the transition into adulthood is rarely smooth and seldom occurs on a child's 18th birthday. Even children with strong family ties can have a difficult time learning to live independently.

I cannot imagine that any parent in this room would willingly have their children go out into the world on his or her 18th birthday without providing economic and emotional support.

However, the current foster care system just does that. I believe we can do better. The State, in acting as a parent to these abused and neglected children, must ensure they become self-sufficient, productive adults by providing them a longer transition period to adulthood. Our legislation does that.

I look forward to learning more about this vulnerable group and how they can be helped by listening to the testimony today, and I want to thank everyone for being here.

So why do we not start? I do not know what your schedule is, Mr. DeLay. I know that you have a busy one. Why do you not proceed?

STATEMENT OF HON. TOM DELAY, A U.S. REPRESENTATIVE FROM TEXAS

Representative DELAY. Thank you, Mr. Chairman. I am really pleased to be sitting at this table with Chairman Nancy Johnson and Ranking Member Dan Cardin, who have done exemplary work

in getting this bill passed through the House. I congratulate them for doing that.

Mr. Chairman, I am Tom DeLay. I am the House Majority Whip from the 22nd District in Texas. I appreciate the opportunity the Senate has given us to be here to talk about my experience as a foster parent.

I believe that the Johnson-Cardin Foster Care Independence Act that passed the House in June is a very important step in addressing the needs of many of our children aging out of foster care.

I appreciate the Chairman's sponsorship and introduction of his own bill, and I join my colleagues in advocating expeditious consideration so that we can begin implementing these changes to the current system as soon as possible. It is vitally important to have this bill to the President before we adjourn for this first session, Mr. Chairman.

I was co-sponsor of the Johnson-Cardin bill. However, I am not here as a Congressman today, but as a foster parent, concerned about the well-being of the children in my care, in my wife's care, and the care of others in the foster care system.

This legislation, as the Chairman has already said, recognizes that youth who are turning 18 and leaving the foster care experience serious problems trying to make it on their own.

Many of these teenagers have not graduated from high school, are not employable, and lack the very basic skills, like cooking and balancing a checkbook, or even making a paycheck last through a week.

When young people leave foster care, they are not only leaving the emotional support of foster families, but they are also forced to leave behind their housing and their Medicaid. I believe that too many adolescents leave their foster homes unable to meet their most basic needs for survival.

It is my experience that the current system leaves children who exit the foster care system without the skills and tools they need to live independently. We recognized with welfare reform the counterproductive dependency mentality engendered by the way we administered many of our welfare programs. Well, the foster care system creates a similar-type culture. Teens are not taught to even drive, due to prohibitive costs and liability to the system.

Adolescents do not know how to even buy clothes at the store. Their clothes are given to them by their foster care system, by their foster parents, or by charity systems. They do not even know how to go buy their own clothes.

These kids do not learn how to budget money or to pay bills. The social services and their foster parents handle all of this for them. Then they turn 18, we turn them loose, we emancipate them, as it is called, and wonder why they cannot take care of themselves, or find a job, or lead productive lives.

Mr. Chairman, we are sentencing these kids to chronic dependence on others and chronic failure to thrive the way we administer this program. The result, time and again, is more of these young adults are on welfare, more former foster kids are homeless, and more in jail and committing crime. We must reform the system and ensure that these kids are given the proper training and are provided with the proper tools to begin living independently.

I want to share with you several situations the current system has placed my wife and I in. Let me say at the outset, Mr. Chairman, my concern is not for our family. I share these examples with you on behalf of other foster families who may not have the means that we have to address some of these issues.

My oldest foster child began her freshman year in college this August, but she was officially emancipated from care in June. Of course, we cared for her in the interim six weeks, but there are many foster kids whose foster parents cannot afford to keep them after the funding stops, and the lag time before college starts or employment is found can be a problem.

Our daughter also lost her Medicaid benefits in June. Now, what do children who have medical problems do after they leave the system? Who pays for their antibiotics or their asthma medication?

What about those adolescents who require psychotropic medications? Does a manic depressive teenager who has been in care most of his life wait a couple of weeks, or a month, or 2 months for the paperwork to go through so that he can receive benefits again?

My foster daughter had medical needs and I was fortunate enough to be able to take care of them after her emancipation. But, again, I am worried about the foster children whose foster families do not have the resources to pay out of pocket for medical expenses.

As I mentioned earlier, another important skill to have as these kids make the transition to adulthood and independence, in an attempt to find jobs or attend college, is just the simple ability to drive a car.

We recently enrolled the kids in driver's education and discovered that we had to pay the \$570 for their course out of pocket. Again, not a problem for us, and we did it willingly. But circumstances might be different for another family, and it is for those families that this bill is so vital.

We must empower State and local governments to cut bureaucracy with increased flexibility and enable them to provide the kids in our foster system with a transition system that actually prepares them to live as independent, functioning, productive members of society. The current program is not working and immediate action should be taken. It is within our power to make a difference in these kids' lives. We must do so, and do so now.

Again, Mr. Chairman, I thank you for your work on this issue. I call on my colleagues in the Senate to move this legislation quickly through the committee process so that we can get a Presidential signature and effect some greatly needed changes for our kids in care.

Thank you, Mr. Chairman.

[The prepared statement of Representative DeLay appears in the appendix.]

The CHAIRMAN. Well, thank you very much, Mr. DeLay. That is a powerful statement.

We are joined by the Ranking Member of the subcommittee, Senator Rockefeller. Senator, if you have a statement, now would be a proper time.

OPENING STATEMENT OF HON. JOHN D. ROCKEFELLER IV, A
U.S. SENATOR FROM WEST VIRGINIA

Senator ROCKEFELLER. I will be brief. I just wrote the Chairman a note in which I said to him, what can I possibly get done legislatively in the coming years without John Chafee, so I asked him to reconsider.

[Applause.]

Senator CHAFEE. Hold the applause.

Senator ROCKEFELLER. So, needless to say, the first paragraph is all in praise of you.

Senator CHAFEE. Thank you.

Senator ROCKEFELLER. All right. That gets that out of the way. Then I want to say that, when I chaired the Children's Commission, which I did sort of endlessly over a 4-year period, and I have talked about this in Finance quite a bit, I spent a lot of time in juvenile courts, particularly in Los Angeles, and talked with judges, and talked individually. This was 10, 12 years ago, a long time ago, with kids who are so-called waiting to become independent, or had become independent at that time. Of course, 18 is the limit.

We have made slow progress, and we have made some good progress on abused and neglected children. Once again, the Chairman and Laurie are absolutely critical to that. Children's safety first, children's health first, need for a permanent home, all of that. But what we have not done is take the teens from 16 all the way up to 21, and what we have not done is take that gap and make sure that Medicaid health benefits are there.

The Chairman and I have met recently again with other series of young people, some of whom will be testifying today. Their number has grown from 57 to 80, but the financing has stayed the same, it has stayed absolutely flat. They do not get health care before the age of 2, and that is not good.

So this legislation is very important. There are differences between the Senate bill and the House bill, but what was to be said about the House bill is that it passed at such an overwhelming amount. I think there were, what, six votes against it, Nancy? It was just unbelievable. If the Senate, in our sort of present torpor—

Representative JOHNSON. That will do.

Senator ROCKEFELLER [continuing]. Cannot rise to doing something about independent living, I do not know what use we serve in this government. So I would hope that we could do this, and I look forward to not only the three of you, but also to some of the young people who will be testifying. I thank you.

Senator CHAFEE. Thank you very much, Senator Rockefeller.

Mr. DeLay, I know you have a very busy schedule. So if you should wish to be excused, this would be proper. But, if you can stay, all the better.

Representative DELAY. If you do not mind, Mr. Chairman, I can stay until close to 3:00.

Senator CHAFEE. All right. Fine. All right.

Now, why do we not hear a statement from Representative Johnson.

**STATEMENT OF HON. NANCY JOHNSON, A U.S.
REPRESENTATIVE FROM CONNECTICUT**

Representative JOHNSON. Thank you very much, Mr. Chairman. Thank you for holding this hearing. I certainly hope the Senate Finance Committee and the Senators will move forward on your legislation; in conference, we can work out any differences between the bills.

I would like to ask that my formal statement be submitted for the record.

Senator CHAFEE. Absolutely.

[The prepared statement of Representative Johnson appears in the appendix.]

Representative JOHNSON. And just talk to you a little bit about our bill, why we did it, and what is in it.

When you have wonderful young people sitting before you saying, nobody told me I could go to college, and when I happened to find it out, I had to fill out all of those financial assistance forms by myself, you say to yourself, how come? Why is it that there are young people in America who do not know they can go to college?

The testimony we had from the kids was simply, phenomenally, good because it showed how little we tell them, how little we have been preparing them, for this extraordinary change that Tom described to you.

When you have to sit across the table from a kid that has been living under a house and tell them, 18, you are on your own, honey, you do not get an income, you are not covered by health insurance, you do not know how to drive, you are not even allowed to save money for a down payment on an apartment. So, we treat this group of Americans worse than we treat anyone else in our society.

If you are unemployed, you get unemployment compensation. If you have a child and no means of support, you get welfare. If you are a kid coming off of foster care under today's law, you get nothing.

I go way back with this issue to, the 1980's when I was on this committee with Tom Downey, and we at least created a voluntary option for States that wanted to help kids after foster care. Some States have taken that up. That is why we know we can do better.

We know it from the programs that are out there and we know it from our experience with welfare reform. So all this bill tries to do is say, let us at least do as much for these kids as we do for women on welfare, let us give them the job placement, the job training, the career development ideas before they are 18, so that when the turn 18, they are ready.

But let us go further than that. Let us require that States coordinate with the work study programs. These kids should be at the top of the list for the work study programs. They are the ones who are going to have to need recommendations to get full-time employment when they turn 18.

They are the ones who are going to need to get a good enough job so they will have health insurance coverage through their place of work. We do not give them that leg up.

So this program, the bill that we have sent you, is really a two-tiered program. One, is how are we going to better the kids from

14 to 18 that are already in the system and we know who are going to be kids who are aging out?

So we want them to have better job training, better career development, better exposure to career options, better access to work study. We also want them to have money management training. We want them to know how to manage a checkbook and how to budget.

We want them to be able to save for a down payment on an apartment and know how to look for a good place to live and think through the transportation costs and security issues that you need to think about when you are choosing where you are going to live.

We want them to know about contraceptives, we want them to know how not to get pregnant, how not to father a child, so they will have a better opportunity. We want them to know how to manage a household, to smart shop, to stretch their dollar, to shop at bargains.

They get none of that help now. No life skills training, no job training, no career exploration. All those things need to happen before they are 18. Then, once they are 18, we want them to have help getting into the work force.

We want them to know about the educational options and have help in filling out the application forms. We want them to have health insurance so they do not go uncovered until they get in a job that will pay them enough and provide the benefits that they need.

So this is a two-tiered program aimed simply at, what do you need to succeed as an adult in our world, to reverse the terrible statistics that show these kids falling into a pattern of dependence, abusive relationships, crime, unmarried parenthood, and so on.

So not only does this bill provide a two-tiered system and Medicaid coverage—and I will come back to that in just a minute—but does double the money and it is paid for. Now, this last point of paid for is important. It is part of what helped it move through rapidly.

It is true that the Medicaid funding is only enough to cover about half the eligible kids, and we are sorry about that, but we could not find a pay-for that everybody could agree on, and therefore we could slide it through the House.

It is also true that, if we do this right, a certain number of these kids are going to go to college and they are going to be eligible for those very cheap college health plans that only cost a few dollars a month.

It is also true that a certain number, if we do this right, are going to have jobs where there is health coverage so they will not need to depend on Medicaid. They already are used to Medicaid, and there actually are kids who are getting that kind of coverage from the foster care system.

So I do not think we need to be 100 percent here. I think if we can find more money that we can agree on, certainly you will hear from Ben too, we would love to have done that had we been able to find a way.

But the important thing is to change the picture of life for these kids, to change the way we help them in high school, to look at their own futures and to motivate them to create a future for them-

selves that is worthy of their own abilities and worthy of a free society.

So I look forward to working with you on this legislation. I see absolutely no excuse for us not having this on the President's desk before the adjournment of this session.

Senator CHAFEE. Well, I certainly hope you are right on that. You have done a super job over there with that massive victory you had. Mr. Cardin, do you want to proceed with your comments?

**STATEMENT OF HON. BEN CARDIN, A U.S. REPRESENTATIVE
FROM MARYLAND**

Representative CARDIN. Thank you, Mr. Chairman. I would also ask consent to put my full statement in the record.

Senator CHAFEE. Absolutely.

[The prepared statement of Representative Cardin appears in the appendix.]

Representative CARDIN. I want to echo the comments of Senator Rockefeller as to your extraordinary leadership on these issues.

Senator CHAFEE. Aren't you nice? Thank you.

Representative CARDIN. Well, we very much appreciate it. More importantly, the children appreciate it.

Senator CHAFEE. Thank you.

Representative CARDIN. So I want to thank you on this bill, and thank Senator Rockefeller and the other sponsors of the Foster Care Independence Act.

Two points, I think, should be very obvious. That is, that this legislation is very desperately needed in our communities, that we need help for children aging out of foster care.

Second, this bill is very bipartisan. We have worked it together, Democrats and Republicans. It has the singular rare honor of being endorsed by both the Majority Whip in the House and the President of the United States. [Laughter.]

Senator CHAFEE. That does not happen every day, does it?

Representative CARDIN. So we have worked hard, and I think the results show.

I think my colleagues have pointed out very clearly the need for the legislation. We all know that, as our children reach the age of 18, they do not all of a sudden become emancipated. They become independent over time at different steps in their life.

If they go to college, we know that they often will need our financial help and our emotional support, and they may very well be well beyond the age of 18. Parents are prepared for that.

If they do not go to college, then they get a job, we know that they also are going to need continued support from parents, not only financial, but emotional. That is true for all children, except for those that age out of foster care.

They are the only group that we saw are fully emancipated at the age of 18. These are the children who have had the most difficult time. They, in many cases, have been abused, they have been in many different homes, they are very much more vulnerable. Yet, we say to them at 18, you are on your own.

Well, let us take a look at what this policy has done. Repeated studies have illustrated that the sink- or-swim policy for children aging out of foster care has resulted in many falling beneath the

waves of poverty and despair. A national study in 1992 found that less than one half of former foster children had graduated high school, only about half were working, a quarter had spent at least one night homeless, 40 percent needed some kind of public aid, and more recent studies have confirmed these findings.

The Foster Care Independence Act would help the 20,000 kids who age out of foster care every year navigate their passage to independence rather than drown in indifference.

The legislation that has passed the House, as the Chair pointed out by rather extraordinary vote, would increase Federal resources from \$70 million a year to \$140 million a year. It would expand and improve counseling, education, training, job placement, and other services needed to guide foster children to self-sufficiency.

The legislation would also allow for the first time the use of a portion of the ILP funding to provide housing assistance to former foster youth. Additionally, the bill would allow foster children to save more money, as Mrs. Johnson pointed out, for their eventual emancipation.

The current law allows them to accumulate all the way up to \$1,000. That is ridiculous. A child may very well need some money in order to buy a car, in order to be independent. They should be able to accumulate more, and our legislation allows them to accumulate up to \$10,000.

Then we also, of course, allow the States to cover the foster children between 18 and 21 under the Medicaid program, and we think that is very important.

We understand that the Senate bill is different, that you would, in effect, require the extension of Medicaid coverage. As Mrs. Johnson pointed out, we would welcome that. I hope, in conference, that we would be able to work out a way in order to finance that, because I think we all feel that these children should be extended Medicaid coverage.

Before I conclude, I would like to quickly mention one of the budget offsets that help pay for the increased assistance to foster children. The bill repeals what is known as the hold harmless provision in the child support program which essentially guarantees States the same amount of retained child support as they received in fiscal year 1995.

Now, this provision was incorporated in 1996 welfare reform law to prevent States from losing revenues due to new family first distribution rules for child support. However, the hold harmless was drafted so broadly that it now protects States from losing its retained child support due to reduction in the welfare case load.

I cannot think of any reason why the Federal Government should pay States because they have fewer welfare families for which they can keep child support payments, especially when those welfare case load declines are saving the States billions of dollars a year.

Quite frankly, our bill is a good deal. We provide \$3 or more funds to our States for every dollar that we recoup in savings from a provision that we think is no longer justified.

As my colleagues have indicated, it would be a travesty if we do not enact this legislation before we conclude this first session of this Congress. I can assure you that both parties in the House want to conference quickly on this legislation and are willing to

work together to make sure that we can get a bill through conference and to the President.

So, Mr. Chairman, we look forward to working with you, and I thank you very much for inviting us to this hearing.

Senator CHAFEE. Well, thank you very much. I must say, I am appalled at the idea that these youngsters are just thrown out in the street at age 18. I think you all have made a very, very good case.

Now we will hear from Senator Bonn. Thank you very much for coming, Mr. DeLay. We appreciate it.

Representative DELAY. Thank you very much.

Representative CARDIN. Thank you very much, Mr. Chairman.

Senator ROCKEFELLER. Mr. Chairman, could I just ask Congressman DeLay a question before he leaves, just procedural? There is talk around this body that the Majority Leader wants us to be gone by October 29. If that is the case, it makes, obviously, getting matters like this worked out much more difficult.

Now, I have no idea whether that is true or whether that is not true. Do you all have any plans in the House as to how long you are going to be around here? With all of the conferences going on, being able to have time to conference this successfully is important.

Senator CHAFEE. We are all listening for your answer. [Laughter.] Drop the shoe.

Representative DELAY. I have to be real careful here. Obviously, a lot of it hinges on our ability to get our appropriations bills done, and I do not have to say that. We would hope, and our goal has been, October 29. It puts a lot of pressure on this committee to get this bill out, I understand that.

I have to be real careful here. I think, with things that need to be passed before we leave, like bankruptcy reform, financial modernization, and some other things that are in conference right now, it would be very difficult for us to meet that October 29.

But, if things start falling in place, I would not discount that, if we get some of the major things that are in conferences now out and to the President's desk before October 29, we could actually do it.

The way I have been telling my members, and Democrats, as well as Republicans, have been asking me for the last two weeks, is outside chance of getting out by October 29, a good chance of getting out by the end of the week, first week of November, and my money is going on the second week in November. That is the best way I can answer it.

Senator CHAFEE. Thank you very much.

Senator Bond?

STATEMENT OF HON. CHRISTOPHER S. BOND, A U.S. SENATOR FROM MISSOURI

Senator BOND. Thank you very much, Mr. Chairman, Senator Rockefeller, members of the committee. I, too, am most anxious to hear the projections and the best assessments of our colleagues from the other side. Since we are blessed with the ability to filibuster, one never knows how long it will take us to get our appropriations and our business done.

But, Mr. Chairman, I want to thank you very much for holding this hearing on the Foster Care Independence Act, and thank you, Senator Rockefeller, for your leadership on it.

Most of all, I want to thank you for inviting one of Missouri's most popular and well-known policemen, Percy Bailey, to testify before your committee. I am proud to be able to present Percy today and I think you will find his story very compelling.

I am especially happy, as I said, that the committee is taking up this important piece of legislation.

Now, Percy is from St. Louis, Missouri and serves as a policeman with the Bell Fountain Neighbors police department. Percy's struggles began when he was 11 when his mother passed away. He spent his teen years in different family members' homes.

Bouncing back and forth from home to home proved challenging for Percy, and eventually led him to move out on his home while attending high school. Those of us who are parents know that it is tough enough for teenagers to get out of bed in the morning and get to class, let alone have to support themselves as Percy did.

We know that many kids in the same boat as Percy do not make it. They can turn to drugs or prostitution, or bounce from place to place and never really know what it is to have stability.

Now, Percy was one of the lucky ones, in some ways. He got help from the Independent Living Program at the Epworth Children and Family Services Agency in St. Louis. Through the help of Trisha Zerillo, Percy's social worker at Epworth, and a lot of drive and determination of his own, Percy was able to graduate from high school, was even senior class vice president. He went on to obtain training and eventually landed a job with the police force.

However, many kids in similar situations just do not land on their feet as Percy did. More than 20,000 kids each year age out of foster care and no longer have a support network like Epworth to help them into a very difficult transition into adulthood. Those of us who have sons who are going through that transition know that it is a challenge, even with a family to support, for them to make that transition.

That is why I teamed up with you gentlemen and our colleagues in the House to create a more comprehensive independent living program, with a longer transition period that will focus on the health, safety, and long-term stability of these kids' lives.

It makes so much sense for the children involved, for our communities, and for our States. If you want to look at it in terms of costs, it is a far better investment than having to deal with the failures.

But, most of all, it is a tremendous investment in the future of our country to make sure these young people, who have had a very tough hand dealt to them in life, at least have some transition into adulthood.

I think the Foster Care Independence Living Act of 1999 will do just that. It provides significant assistance to assure that kids aging out of the foster care system are provided with the assistance needed to move on to productive, independent lives.

Mr. Chairman, Percy, you will find, is a very able spokesman for kids who have aged out of foster care and can explain in human terms the very difficult challenges they face. Also, having been the

beneficiary of a good private program in St. Louis, he can tell the benefits that an independent living program can provide.

So, Mr. Chairman, that merely is the introduction. The real meat of this hearing will come when you hear from people like Percy, and others, who have actually gone through it and seen what a difference a hand up at a critical time can provide.

I urge you and wish you the best in moving this legislation.

Senator CHAFEE. Thank you very much, Senator Bond. I know that Senator Breaux has a conflict, so if you would like to ask a quick question or make a point, now would be the time.

Senator BREAUX. I just thank our House visitors, as well as Kit Bond, for his good statement. It is truly, I think, notable that this piece of legislation has passed in the House by a vote of 380 to 6, was it? I mean, I did not think anything could get out of the House with a vote of 380 to 6, but it did. It is a pretty good indication of what this legislation is all about, and I congratulate our House colleagues for what they have done.

I mean, we are preaching to the choir here today. No one, I think, has any differences about the importance of this legislation. When we picked the age of 18 to cut off these assistance programs, I guess we sort of made the decision that people all of a sudden, when they have their 18th birthday, are self-sufficient.

I know my four children, who grew up in a family which is, I guess, the basic family unit of a father and a mother there all of the time, certainly did not become self-sufficient when they became 18. I mean, I just got a call from my 24-year-old daughter in Baton Rouge before I got here asking for help. I have got them 33 asking for help.

But it just points out the fact that there is nothing magical about 18 to be self-sufficient, particularly when you come from a family where there is no family. For those that say, well, this is going to cost too much, I would just ask them to add up the cost, I think, as Kit mentioned, of incarceration, or add up the cost of emergency medical care if they do not have Medicaid, or add up the cost of just the court system having to deal with young children who just did not get that extra hand at a time that was so critical.

So this is must-do legislation. I congratulate all of our colleagues who I guess are supportive of this with myself, and you, Mr. Chairman, in particular, for helping us to get it this far. We will give you a helping hand to get it out of here.

Senator CHAFEE. Well, thank you very much. I think it is encouraging, what the House has done, and it has certainly set a model for us, an example. This makes such sense, I do not see how we could turn it down.

Senator Jeffords, do you have a comment?

Senator JEFFORDS. No, Mr. Chairman.

Senator CHAFEE. Senator Grassley?

Senator GRASSLEY. Yes. I would like to put a short statement in the record.

Senator CHAFEE. Absolutely.

[The prepared statement of Senator Grassley appears in the appendix.]

Senator GRASSLEY. Could I just say that I appreciate very much one aspect of the bill that you and Senator Rockefeller put in, and that is the need to keep States accountable.

I look forward to working with both of you to see if we can have an objective, quantifiable, and verifiable way of measuring outcomes so that we will be able to make sure that the States are successful in their program, and we can measure it and make sure that the Federal money is used wisely.

The point being, the goal of this bill, either the House or the Senate, is very, very worthy, but I think outcome goals are very important as well.

Senator CHAFEE. Yes. All right. Fine. Senator Jeffords, have you got a statement?

Senator JEFFORDS. I have a statement to put in the record.

Senator CHAFEE. All right.

[The prepared statement of Senator Jeffords appears in the appendix.]

Senator CHAFEE. Now, does anybody have questions of this panel, Ms. Johnson, Mr. Cardin, Senator Bond?

[No response.]

Representative JOHNSON. Thank you, Mr. Chairman.

Senator CHAFEE. All right. Let me just ask you one question, if I might. There is a slight difference between the two bills. As I understand it, your bill provides for the extra money and that is it. As I understand our bill, we provide the extra money, but if you take the extra money, you have got to provide the Medicaid coverage.

Representative JOHNSON. Right.

Senator CHAFEE. This is the difference between the two bills.

Representative JOHNSON. Right.

Senator CHAFEE. Now, there is a provision in there dealing with adoption. Most of this is foster care, but I understand that, for youngsters who are adopted at age 16 or 17, our bill would extend Medicaid coverage until they are 21. I do not believe you have that provision.

Representative JOHNSON. No, we do not have that provision.

Senator CHAFEE. No. How does that strike you?

Representative JOHNSON. Well, it depends on who is doing the adoption. Some people who adopt children have very good jobs and they have family coverage at their place of work, so I would not want to duplicate that coverage.

Senator CHAFEE. Yes. I am informed that, if they have private insurance, they would not get the Medicaid.

Representative JOHNSON. So if they do not have private insurance, the children would be eligible in some States for the Children First. At least in Connecticut, anyone can buy the Children's First, the child health insurance that we passed a couple of years ago at a very low premium. So I just would want to work out with you how these interface. I am not inherently opposed to it.

Representative CARDIN. Mr. Chairman, if I could just comment.

Senator CHAFEE. Yes, Mr. Cardin.

Representative CARDIN. I think both of those provisions improve the bill. I think they are good provisions. In regards to requiring the States to provide Medicaid coverage, we wanted to do that, we

just could not find the offsets that would give us the quick action that we took in the House.

But we very much look forward to seeing that included in the final bill, because I think it is an improvement. As far as children being adopted at age 16, I think, again, that is an improvement because these are, in many cases, very difficult children to find permanent homes through adoption and we should make it available for these children to be insured. So, I think both of those provisions would improve the bill.

Senator CHAFEE. Fine. Well, thank you very much.

Senator ROCKEFELLER. Mr. Chairman, could I ask one of the two excellent House members, both of whom are terrific on this and many other subjects?

Senator CHAFEE. Sure.

Senator ROCKEFELLER. The hold harmless thing, which I guess you mentioned, the States say, well, if you repeal that, that is going to hurt child support. I think we are all going to agree on this, but I would kind of like to get it on the record. But, of course, there is not any requirement that holding harmless money goes to child support.

Representative JOHNSON. Right.

Senator ROCKEFELLER. A GAO study of 1997 said that, in fact, only one State had used that money, and used it for child support. So that argument kind of falls like a rock, does it not?

Representative JOHNSON. It does. Furthermore, we are very generous in the support we provide for States for their child support enforcement operations. We pay \$2 of every \$3 as it is. So we think that the basic deal between the Feds and the States in terms of jointly supporting the administrative costs of child support is a fair deal.

This hold harmless provision was, frankly, the only way we could get them to pass more money through to the families and put the families first, but it has worked out to be a very unfair subsidy once you put welfare reform on top of that.

So all we are trying to do is straighten out the, in a sense, excess profit that is going to the States as people go off the welfare rolls.

Senator ROCKEFELLER. Thank you.

Senator CHAFEE. I do not believe Senator Landrow is here, is she?

[No response.]

Senator CHAFEE. All right. Fine. Thank you all very, very much for coming. You have made a powerful argument, and now the ball is in our court.

Next, we will have a panel composed of Percy Bailey, former foster care child, from Webster Groves, MO; Terry Hurrah, former foster care child, from Annandale, Virginia; Sister Mary Rose McGready, president of Covenant House in New York, NY; and Abigail English, director of the Center for Adolescent Health and the Law, from Chapel Hill, NC. Won't you please come up? All right.

Mr. Bailey, why do you not proceed? You have been introduced by Senator Bond, and we are delighted that you are here.

**STATEMENT OF PERCY BAILEY, FORMER FOSTER CARE
CHILD, WEBSTER GROVES, MO**

Mr. BAILEY. Thank you, sir. Like he said, my name is Percy Bailey and I am 23 years old. I am currently employed as a police officer with the City of Bell Fountain Neighbors, which is located in St. Louis, Missouri.

Just to give a briefing on my background. At the age of 11, my mother passed away and my father was unable to take care of myself, nor my other sisters and brothers. We were placed in a temporary foster home several times before moving on to living with relatives. After problems started occurring with my aunt and uncle we were staying with, the State decided that they were going to have to move us again.

So I was placed in an emergency shelter for young people temporarily until they found another placement for us, at which time they moved me, my brother, and my two sisters to my aunt's house, which is a single-family home. She raised us by herself. Then after that, I enrolled in school in the River View Garden school district, where I attended their middle school and their high school.

At that time, I eventually graduated. I take that back. By the time of my 18th birthday and everything, there were problems occurring in that family there, and the State was kind of running out of places for me to go, so my case worker suggested that I try the independent living program.

I really did not know what that program was all about. I was going in and was clueless of what this program was all about the whole time. So we kind of had a meeting with Trish Zerillo, who is employed with Epworth Children's Home, and she kind of told me that the program was something there to assist me in finding a place of my own. They would also give me some kind of training on how to cook, budget my bills, shop, and maintain financial assistance.

I then looked at Trish. I was like, well, you know, you have got to be joking. I am only 18. I have no clue how to do these things right now. She was telling me, no, you are actually going to get out on your own, at which time I went out trying to look around and find places near my school, because at the time I did not have a car, did not have a job, and my main goal was to finish high school and go to college.

I found a place which was maybe about 10 minutes' walking distance from my high school and I brought Trish out, and she looked at it, and we both agreed that this was a stable place for me to be, at which time the contract was signed.

The only thing Trish told me that I would have to do now, was to stay in school, complete school, stay drug free, and have a full- or part-time job. Considering I was still in high school, I kept a part-time job to maintain my bills, and met with Trish maybe once or twice out of a week or so.

After I got into this program, got my own apartment, I completed high school, graduated with all kinds of honors, including vice president of my class. I did not have any health insurance at the time. I was debating on whether, should I go to college or should I work a full-time job to get health care insurance, or something?

I started going to college for a half a semester, but could not afford it, due to having doctor bills and stuff I had to take care of. So I dropped my college classes and took on a full-time job whereby I could get the health insurance that I needed to live my everyday life.

If this bill passes, S. 1327, the Foster Care Independence Act, this year, it will give younger people who are going through a somewhat similar situation as what I have been through, but also if they can get the health care insurance with it, then they can live a life without any problems, or even can go on with college.

I was fortunate enough to get a full-time job as a police officer. My academy training was paid for by the department that I am presently working for.

Senator CHAFEE. Well, thank you very much, Mr. Bailey.

[The prepared statement of Mr. Bailey appears in the appendix.]

Senator CHAFEE. Ms. Terry Harrak.

STATEMENT OF TERRY HARRAK, FORMER FOSTER CARE CHILD, ANNANDALE, VA

Ms. HARRAK. Hello. My name is Terry Harrak. I graduated from the foster care system 2 years ago. I entered the system because my father abandoned me one day. He came home and he said he was moving because he had lost his job and he could not afford to take care of me anymore. I was going to stay with my sister, and he was going to come back.

Well, my dad never came back and I went into the foster care system. I thought that this was the time that my life was going to get changed around, and all of the abuse that I went through in my home, now was the time that it would end and I would find some stability.

I went into the foster care system, and my first placement was a residential care center. I was living in a group home with other youth that were in similar situations.

In this group home I was isolated from school, friends, and family. I was 15 years old and my father had just left me, and now I am isolated from everything that was dear and close to me. Needless to say, it severely traumatized me at that time.

Then I moved on to the big step in foster care called independent living. Independent living is a term and a phrase that is said like it does not mean anything, like at 18 you are just magically ready to go out on your own. I do not know who came up with the age of 18, but they should look more towards 30 or late 20's.

My birthday is actually tomorrow, and now I will be 20 years old. But every time a birthday comes up, it is a sad thing for me. I am not happy, I am not excited. Every birthday means something.

My 18th birthday. What did that mean? Moving out, being on my own. My 19th birthday, I had just recovered from homelessness and just entered a transitional living program. My 20th birthday, my transitional living program will be ending in 3 months. Birthdays are not happy times for me.

Independent living is something that starts when you are really young, not at 16. In the foster care system, they come in with a big packet and a video and then they tell you good-bye. A video and a packet does not prepare you for anything. Yes. A checkbook, bal-

ancing that, yes, that is important, but that is not all that independent living is.

I am in college right now and hopefully I will graduate, but it will probably be a while. But when I graduate from college, there is going to be no mom or father, grandmother or grandfather, that I can call and say, oh, I am in a financial bind, can I come home until I get a job. Oh, mom, I have a silk skirt, can I wash it instead of taking it to the dry cleaner? What is a good vacation spot? Can you sign a car loan for me? I do not have any of that.

After I aged out of foster care, I went homeless, and I mean completely homeless. I was sleeping outside, I was sleeping behind McDonald's, I was sleeping in laundry rooms, I was sleeping at Metro stations, and then I started to sleep in hospitals because they were safe and they were warm.

That was another big issue for me when I aged out of foster care, was Medicaid. The foster care system provided me with financial support and health insurance. Everything was taken care of. When I entered foster care, I had never even seen a dentist or a doctor before because my parents never took me to the doctor. When I left foster care, all of that stopped.

I remember in high school, this is my senior year of high school and I am homeless. Everybody is worrying about what they are going to wear to the prom and I am worried about where I am going to live and what I am going to eat.

I remember 1 day in high school, I had a really bad rash and I thought it was just a rash. A teacher pulled me aside and said, I think you have body lice. I had gotten body lice from sleeping in abandoned houses and outside. I had ringworm for the same reasons. I got chicken pox at 18. I probably got these things simply from being in a hospital and being around sick people all the time, because that is where I slept most of the time. I had chicken pox.

My teachers took me to go to the doctor and get medicine, but I never got to do follow-up treatments because my teachers paid for it out of the goodness of their hearts. This is no responsibility of theirs. They would pay to take me to the doctor so I could get treated.

I do not know who is sitting behind me, and these are not things that I love to share when I first meet people, but I am simply sharing them because I do not want anybody else to have to come up and tell my story and say, I was homeless, and I was denied Medicaid.

I heard a lot of people talk about the finance part of it. Well, if States want to choose to get Medicaid, I cannot think that any State would want to choose not to. But, if they do, then they are going to have to pay, for me, just another form.

If I do not get Medicaid, then what am I doing? I am in the hospital in an emergency room for every type of illness that I have and I am not paying that bill. I am going to the free clinics and I am going to things like that. So it is going to get paid either way in a different form. I think Medicaid is extremely important and I think every foster child should have it until the age of 21.

Permanency is another major issue for kids in foster care. I am not just talking about a permanent home, I am talking about permanent relationships. Like I said before, I have no one to call. My

friends. Yes, my friends. Most of my friends are 19 and 20 years old and they do not know what it is like to live on your own.

I am 20 years old and I am going to be having to move out of my living situation in 3 months, the independent living program I am in now, and I am scared to death. I do not know where I am going to go, I do not know how I am going to afford it. It is going to be one of the biggest transitions in my life.

I have not been home in 5 years. People may seem shocked about what that means, but my home, to me, is with my dad and my mom and that abusive house. The foster care system did not provide me with a home, it provided me with shelter.

I heard the little bell, so I am going to finish up. But I would just simply like to say that every kid in foster care and who graduates out at 18 deserves to have Medicaid, deserves to have permanency, and deserves to have reasonable housing.

There is no reason that this population of youth should be ignored and have to go through what I went through, because I am a big exception, and not everybody can do what I have done.

[The prepared statement of Ms. Harrak appears in the appendix.]

Senator CHAFEE. Well, that is a very powerful statement, Ms. Harrak, and is certainly opening our eyes a lot to a lot of things right here. We appreciate your frankness, candor, and forthrightness a great deal, and what you had to say.

Now, Sister Mary Rose McGready.

STATEMENT OF SISTER MARY ROSE MCGREADY, PRESIDENT, COVENANT HOUSE, NEW YORK, NY

Sister MCGREADY. Yes. Good afternoon, Mr. Chairman and members of the subcommittee. I am delighted to have been offered the opportunity to be with you this afternoon. I am also delighted that the Congress has placed on the national agenda the question of teenagers who are aging out of foster care.

I am the president of Covenant House, and as you may know, Covenant House is the largest privately funded child care agency in the Nation. In the past year, we have serviced over 46,000 youth.

We now have 15 Covenant Houses in the United States in 10 States and the District of Columbia, and 60 percent of the kids that we are seeing, of those 46,000 kids, are between 18 and 21 years of age, and a growing percentage of them are kids coming out, aging out, of foster care.

This past year, about 47 percent of the kids we have seen in all of our Covenant Houses all over the country are kids who are aging out of foster care. What we find, are these kids are kids who, on their 18th birthday, are sprung. They have no where to go, they have no money, no place, no home, no family, no job. They tend to go to live with friends.

They spend a few weeks with this one or a few weeks with that one, and it does not hold up. The vast majority of these kids end up on the street. Our outreach vans from our Covenant Houses meet these kids every night and we invite them in to our Covenant Houses.

When it comes to the health questions of these kids, we have seen kids who have been exposed to tuberculosis, to hepatitis, to trauma from rape, or other crimes on the street.

We also see kids with sexually transmitted diseases. We see a few kids who are HIV-positive, and we see growing numbers of them who have psychiatric disturbances. So, it is very clear to us that these kids need special care and special treatment, and certainly very special health care consideration.

We have begun, in our Covenant Houses, an enormous effort at job training. Every one of our Covenant Houses now is putting a high priority on getting kids ready for the world of work because for most of these kids, there is no other alternative. There is no family out there to be the safety net for these kids.

I want to talk a little bit about the reality in New York Covenant House, which is our largest. We are averaging 400 teenagers every night in our Covenant House in New York City. We now have 600 companies who are working with us in providing jobs for these kids.

For instance, we have a maintenance training program. Men who run maintenance companies are doing all of the training of the kids in the maintenance program.

These men come in afternoons and evenings and they train the kids how to use all the big equipment, how to clean brass, how to clean marble, all the things that they have to know to be employed in a maintenance program. Then these men who run these companies hire every kid who graduates from that program.

We asked these companies to give every kid a mentor, another worker who is working in their company who can help this kid to learn how to be a good employee.

Many of these kids stay in Covenant House as long as 2 years because it takes them that long to gain the skill that they need, and then to get a job. We ask them, once they start to work, to pay us one-third of what they earn, so they learn to pay the rent.

We allow them to put one-third in the bank. In fact, we require that they put one-third in the bank, and they can spend the last third. Then when they leave, in order to help them to buy the furniture and the other equipment that we need, we give them back the money that they paid us as rent if they stay, get a job, and finish the program.

We are having a very high level of success with this program. The kids stay in the program at least five months. About 85 percent of these kids leave us with an apartment, with a place to live, with a job, with benefits. We also feel, for those kids who do not have jobs with benefits, that Medicaid remains a very, very important benefit for them.

I hope that the Senate will pass this bill. It is our experience every day that more and more—in fact, thousands—of these kids who are aging out of foster care are on the street and that they would not be on the street if there was some better safety net for them, especially the job training and the help in getting and keeping a job.

The sad reality is that a lot of these kids come out of home situations where there was no work experience. They did not come from families where mom or dad got up at 6:00 in the morning and

fought the subway and everything else to get to work, and to keep that job.

So these kids need to learn from the grass roots up how to be a working, tax paying American. I am very, very happy to tell you that I can demonstrate over, and over, and over again from our Covenant Houses all over this country, that if you do it right, it works.

For instance, in Los Angeles, Paramount Studios is now taking our kids out of Covenant House into their back lot, teaching them to be carpenters, painters, and to do a variety of jobs, and Paramount Studios is hiring hundreds and hundreds of these kids.

So, I urge the Senate to imitate the good example of the House and to pass the Foster Care Independence Act.

[The prepared statement of Sister McGready appears in the appendix.]

Senator CHAFFEE. That is a very powerful statement, Sister. I know we will have some questions for you when we question the panel.

Now, Ms. English, we look forward to your comments.

STATEMENT OF ABIGAIL ENGLISH, DIRECTOR, CENTER FOR ADOLESCENT HEALTH AND THE LAW, CHAPEL HILL, NC

Ms. ENGLISH. Thank you, Mr. Chairman and members of the committee for this opportunity to testify today. My name is Abigail English. I direct the Center for Adolescent Health and the Law.

I have worked for more than 20 years to protect the legal rights of children and youth and increase their access to health care. My first client, more than 20 years ago, was a 17-year-old boy who had spent his entire childhood in 14 different foster homes and was confronting the reality that, at the age of 18, he would be alone in a difficult world. My testimony will focus on the health status and health care needs of young people like my first client.

While in care, far too many of them have, or are at risk for, acute, chronic, disabling, and potentially life threatening conditions. Studies have documented high rates of physical and mental health problems. For example, one study found that almost half of the adolescents were "handicapped," while another study found that 77 percent of teenagers in foster care were in need of a mental health referral.

These health problems do not disappear simply because adolescents turn 18 or leave State care. Without ongoing treatment, many will continue to have the same physical and mental health problems as adults that they had as foster children.

Those with serious health problems may see their condition deteriorate when vital medications or other treatments are abruptly stopped. Even those without serious health conditions will need access to health care for routine or acute problems.

Adolescents leaving foster care are virtually certain to encounter difficulty obtaining needed health care. Three studies during the 1990's document these difficulties.

For example, one study of ex-foster children in Wisconsin reported that 44 percent encountered problems obtaining health care most, or all, of the time. More than half stated that lack of insur-

ance coverage was the reason, and more than a third cited the cost of care.

With such high rates of physical and mental health problems, young people leaving foster care need access to comprehensive medical and mental health services such as treatment for acute and chronic health problems, dental care, prenatal and maternity care, mental health, and substance abuse services. Health insurance coverage is a key element in assuring their access to these services.

While in foster care most adolescents have had Medicaid, but for most their Medicaid eligibility ends when they leave foster care, often on their 18th birthday. This often spells the end of their access to health care on any regular or routine basis. Few will be in school or college programs that offer health care coverage. Many will be in low-paying or entry-level jobs that do not offer health insurance.

Some will be homeless or living in poverty, and almost none will be able to afford private coverage. Existing law provides some options for continued health insurance coverage for youth leaving foster care, but they are limited, complex, and almost impossible for a young person to understand and access.

For example, coverage might be available for 1 year only for eligible 18-year-olds through Medicaid or the State children's health insurance program, and through Medicaid for pregnant teens or those meeting stringent statutory and regulatory definitions of disability.

All of these categories exclude many young people leaving foster care with serious health problems, and many who could qualify will be completely unaware of their options. They will encounter health care providers or social workers who do not understand the rules well enough to help them figure it out.

The consequences of being without health insurance can be devastating, for the young people themselves and for their communities. Their health problems will not diminish simply because they do not have coverage.

If they are deterred from seeking care by the lack of insurance and their own inability to pay, their problems may worsen and require more costly treatment in an emergency room or specialized treatment facility, placing greater financial burden on State or local governments.

It is critically important that young people aging out of the foster care system have Medicaid coverage, at least until they turn 21. For many, this would provide them with 3 years of continuous and predictable health insurance coverage, allowing them time to learn to navigate the health and mental health system, become familiar with their options, and hopefully secure employment that would include health insurance.

While both the House and Senate versions of the Foster Care Independence Act allows States to extend Medicaid coverage to youth transitioning out of foster care, the Senate bill has some distinct advantages. It includes young people in foster care who are adopted when they are age 16 or older.

It also provides States with a strong incentive to meet the health care needs of a particularly vulnerable group of young people by of-

fering them Medicaid, while enabling the States to offer other assistance as well.

If I may take a few more seconds——

Senator CHAFEE. No. I tell you, regrettably, we have a vote, unfortunately, and I did want to ask the panel some questions before we voted.

Ms. ENGLISH. Fine.

Senator CHAFEE. If you have a quick summation, now would be the time.

Ms. ENGLISH. Please imagine that you are 18 years old. You have just left the last of four foster homes you have been in since the age of 12. You are living in a homeless shelter while looking for a job. You have diabetes. You got to the doctor to get your prescription renewed and a blood test done. You are told by the office clerk that your Medicaid card is no longer valid.

This is the first you have heard that you no longer have health insurance. By enacting S. 1327, you could take a landmark step toward ensuring that situations like this will not occur, and I urge you to do so.

[The prepared statement of Ms. English appears in the appendix.]

Senator CHAFEE. That is an excellent statement, Ms. English. We appreciate that.

I want to ask a quick question of Sister McGready. Did you say in one facility you have 400 children?

Sister MCGREADY. We have three buildings, but it is Covenant House New York. Every night, we have 400 kids.

Senator CHAFEE. Well, that must be like a hotel. Is it?

Sister MCGREADY. Well, we have three buildings. But the nice part is, every kid comes in voluntarily. We have four rules: no drugs, no alcohol, no fighting, and no guns or weapons.

Senator ROCKEFELLER. And no room service.

Sister MCGREADY. So we have no trouble.

Senator CHAFEE. Do you have a cafeteria or some setup there?

Sister MCGREADY. Oh, yes. We have three dining rooms.

Senator CHAFEE. I see.

Sister MCGREADY. We have three buildings, so we have three dining rooms and lots of beds.

Senator CHAFEE. Senator Rockefeller, do you have a question?

Senator ROCKEFELLER. Just something that occurred to me, because both of you—and we have talked before, and you are both incredible—and one of the problems about your being so good now is that people say, oh, I guess they have gone ahead and made it. You did not indicate that.

I do a lot of work with veterans, and the words post traumatic stress disorder is always associated with the Gulf War, and we have now discovered it goes all the way back to the first World War, certainly the second World War. You do not hear it medically actually used in terms of young people.

Sister MCGREADY. But it is there.

Senator ROCKEFELLER. But it is there, is it not?

Sister MCGREADY. Oh, yes.

Senator ROCKEFELLER. I mean, it lasts, and it lasts, and it lasts. Then people can lead a life wherein they are doing very, very use-

ful things and everything seems to be in order, but there is something inside still which may not be worked out which could pop up at any moment. I mean, it is a new addition to the words post traumatic stress disorder, it seems to me.

Sister MCGREADY. It is amazing, though, Senator, how kids can turn their lives around. It just never ceases to amaze me that sometimes we see kids that you would not take any bets on, and after you have worked with this kid intensively for 8, 9, 10 months, all of a sudden you have got a different person with some hope for the future, and that is what we are looking for all the time.

Senator CHAFEE. Senator Jeffords?

Senator JEFFORDS. Just a question. Mr. Bailey, Ms. Harrak, all can answer, what educational opportunities did you have up until this moment?

Ms. HARRAK. While I was in care, what educational opportunities did I have?

Senator JEFFORDS. Yes.

Ms. HARRAK. I can tell you that I received no information about education. Nobody prepared me for college, nobody asked me if I wanted to go. Maybe half the problem is that people see that I am so outspoken and they think that I can just handle everything for myself. Getting into college was impossible for me, almost. I did not think that I could do it. I did not even think I was going to graduate from high school. So education was something that no one ever spoke to me about.

Senator JEFFORDS. Mr. Bailey?

Mr. BAILEY. On my half, basically, my education, I kind of like looked to my counselors in high school. I went to secretaries there who worked there, and I sat down one-on-one and talked with them. I stayed after school all the time, was asking questions, how do I get to do this, how do I get to do that.

But when it came down to trying to get into college, it was really hard. The financial aid deal we have to fill out, it was kind of like, you get so much, but then you get turned down after you reapply. Really, the help was not there.

Senator JEFFORDS. Ms. English and Sister McGready, what has your observation been of those that have come in and out, what kind of education are they getting?

Sister MCGREADY. A typical teenager that we see has finished tenth grade. Many of them are reading a year or two, sometimes three or 4 years, below that level. Only about 10 percent of the kids we see are really college ready. That is, that they have a high school diploma and are really academically oriented.

When we do have kids who are ready for college, we encourage them to take a first course and to get their feet wet going to college, but our emphasis remains, first, on getting a job.

Senator JEFFORDS. Ms. English?

Ms. ENGLISH. I think one important factor is that many foster children move around a great deal from foster home to foster home, or institution to institution, so their educational experiences while they are in care are often disrupted.

I think this, perhaps, is reflected in the low high school graduation rates and other data that studies have shown. That kind of discontinuity is also reflected in the health care that they receive.

The moving around leads to disruption in relationships with health care providers. So anything that can be done, whether it is for educational purposes or health care purposes, to increase the continuity of their experiences as they transition out of care would make a huge difference in their lives.

Senator JEFFORDS. Thank you.

Thank you, Mr. Chairman.

Senator CHAFEE. I want to thank you all very, very much for coming. This has been excellent testimony. As I have said before, the ball is now in our court. Let us see if we cannot emulate what the House did.

Thank you very much.

[Whereupon, at 3:40 p.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF PERCY BAILEY

My name is Percy Bailey. I am 23 years old and am currently employed as a police officer in the City of Bellefontaine Neighbors Police Department in St. Louis, Missouri.

When I was 11, my mother passed away. My father was unable to care for us. My brother, three sisters and I were placed into a temporary foster home. Then I moved into a crisis shelter for about one month. I was then reunited with my brother and sisters and we lived with an aunt and uncle for about three years. After having problems living with these relatives, we then moved in with another aunt. At which time I enrolled into the School District of Riverview Gardens in St. Louis and attended middle school. I then attended high school there and eventually graduated in 1995. In high school, I was part of the track team, yearbook staff and member of other organizations and clubs.

My main goal was to complete high school and go to college. But there again family problems were taking up a big part in my life. By this time the state was running out of places to put me because of my age. I was a junior in high school when I turned 18 and had no where to go.

My caseworker suggested the Independent Living Program (ILP). I said to myself what does ILP mean, I had no idea what to think. At this time I met Tri, who was a caseworker for Epworth Children and Family Services. I spoke with her and asked what does this program mean and she told me that I had to go out and find my own apartment. I looked at her and said, "are you joking" and she told me no. In turn, I told her that I could not afford such a place. She told me that the state would take care of my rent, the only thing that I would have to do is keep a part time job and finish high school.

So I started looking at different places to live near my high school so that I would be able to walk there or ride a bus. I found a nice place to live and Trish came by to see it. She liked it too. At that time I signed the lease to live in the apartment. I was scared at first because I didn't think that I would make it living on my own, but I did.

I finished high school when I was 19 years old. I graduated with honors and was Vice President of my class. It was near the time when the state was releasing me and I was to be totally on my own. Without the help of Epworth's Independent Living program, I don't think I would have made it that far.

After graduating high school I attended Florissant Valley Community College in St. Louis. I had to quit after one-half of a semester because I could no longer afford college and other expenses. During the time that I was in the Independent Living program I was receiving Medicaid which covered all my doctor and dental bills. But after I "aged out" I could not afford to go see a doctor or a dentist. I had to get a full time job and stop going to college so that I could get the insurance that I needed to make it.

I now work full time as a police officer. I hope to someday return to college to finish my education and get a masters degree.

I hope that Congress passes S. 1327, the Foster Care Independence Act, this year. This bill will give more young people like me the extra help they need to face the challenges of independence, including providing them the health care coverage they need.

PREPARED STATEMENT OF HON. BEN CARDIN

Mr. Chairman, let me start by thanking you, Senator Rockefeller, and the other Senate sponsors of the Foster Care Independence Act. Under your leadership, I am confident that we will send bipartisan legislation to the President's desk before the end of the year.

I come today to emphasize two things. First, there is a clear and undeniable need for this legislation. And second, the bill has broad bipartisan support. In fact, this legislation has the singularly rare honor of being endorsed by both the Majority Whip of the House and the President of the United States.

We all know that when most children leave their families to make it in the world, they often do so in stages. The first step for some is to go away to college while still depending on their parents for tuition and living expenses. Others attempt to work immediately, but they also might rely on their family for financial assistance, not to mention emotional support.

However, there is one group of young Americans that are required to become completely self-sufficient on their 18th birthday—kids aging out of foster care. The cruel irony of course is that this population is perhaps the least capable of becoming fully dependent at such a young age since they have to deal with all of the difficulties associated with being removed from their family because of abuse, neglect or abandonment and then being placed in one or several foster homes.

Repeated studies have illustrated that a sink-or-swim policy for children aging out of foster care has resulted in many falling beneath the waves of poverty and despair. A national study in 1992 found less than half of former foster children had graduated high school; only about half were working; one-quarter had spent at least one night homeless; and 40% needed some kind of public aid. More recent studies also have shown similar difficulties faced by this population.

The Foster Care Independence Act would help the 20,000 kids who age out of foster care every year to navigate their passage to independence rather than drown in indifference.

As passed by the House, the legislation would double the amount of funding for the Independent Living Program—increasing Federal resources from \$70 million a year to \$140 million a year. This would expand and improve counseling, education, training, job placement and other services needed to guide foster children to self-sufficiency.

The legislation would also allow States, for the-first time, to use a portion of their ILP finding to provide housing assistance for former foster youths. Additionally, the bill would allow foster children to save more money for their eventual emancipation without losing eligibility for Federal foster care maintenance payments. And finally, the legislation would allow States to provide Medicaid coverage to former foster youths who are between 18 and 21 years of age.

On this last point, I recognize the Senate version of the bill would provide additional Independent Living funds only to States that provide extended Medicaid coverage. Although funding constraints prevented us from providing more than an option under Medicaid during the House's consideration of the bill, I feel very confident that we can work this provision out in conference. Insufficient access to medical care is certainly a critical problem faced by children aging out of foster care.

Before I conclude, I would like to quickly mention one of the bill's budget offsets that helps pay for the increased assistance to former foster children. The bill repeals what is known as the hold harmless provision in the child support program; which essentially guarantees States the same amount of retained child support as they received in FY 1995. This provision was incorporated in the 1996 welfare law to prevent States from losing revenue due to new "family first" distribution rules for child support.

However, the hold harmless provision was drafted far too broadly, so that it now protects States from losses in retained child support due to reductions in their welfare caseload. I cannot think of any reason the Federal government should pay States because they have fewer welfare families from which they can keep child support payments, especially when those same welfare caseload declines are saving the States billions of dollars in reduced cash assistance.

Let me also say the Congressional Budget Office has told us that the Foster Care Independence Act would send the States, in total, almost \$3 for every \$1 we are recouping in savings. I think that's a pretty good deal by any standard.

Mr. Chairman, it would be nothing less than a travesty if we go home for the holidays without taking a stand for some of our neediest and most vulnerable young people, who may be facing the coming winter without a home and without hope.

The Foster Care Independence Act is a balanced, bipartisan, budget-neutral helping hand for these kids. I look forward to working with you to pass this critical legislation. Thank, you.

PREPARED STATEMENT OF HON. TOM DELAY

I am Tom DeLay, House Majority Whip from the 22nd District in Texas.

Mr. Chairman, I appreciate the opportunity to be here today to talk about my experience as a foster parent.

I believe that the Johnson-Cardin Foster Care Independence Act that passed in the House in June is an important step in addressing the needs of many of our children aging out of foster care.

I appreciate the Chairman's sponsorship of this bill, and join my colleagues in advocating expeditious consideration so that we can begin implementing these changes to the current system as soon as possible. My wife and I currently are blessed with two adolescent foster children, the older of whom graduated from high school June 24th. I was a co-sponsor of the Johnson-Cardin bill, however, it is not as a Congressman that I am here today, but as a Foster parent, concerned about the well-being of the children in my care and the care of others. This legislation recognizes that youth who are turning 18 and leaving foster care experience serious problems trying to make it on their own. Many of these teenagers have not graduated from high school, are not employable and lack basic skills like cooking and making a paycheck last through the week. When youth leave foster care they are not only leaving the emotional support of foster families but are also forced to leave behind their housing and their Medicaid. I believe that too many adolescents leave their foster homes unable to meet their most basic needs for survival. It is my experience that the current system leaves children who exit the foster care system without the skills and the tools they need to live independently. We recognized, with welfare reform, the counterproductive dependency mentality engendered by the way we administered many welfare programs.

The foster care system creates a similar culture. Teens are not taught to drive due to prohibitive costs and liability. Adolescents don't know how to buy clothes at the store- their clothes are given to them by their social worker. These kids don't learn how to budget money or to pay bills, social services handles this for them. And then they turn 18, we turn them loose, and wonder why they can't take care of themselves, find a job, lead productive lives. Mr. Chairman, we are sentencing these kids to chronic dependence on others and chronic failure to thrive by the way we administer this program.

The result, time and again, is more of these young adults on welfare, more former foster kids homeless, and more in jail and committing crimes. We must reform the system and ensure that these kids are given the proper training and provided with the proper tools to begin living independently. I want to share with you several of the situations the current system has placed us in. Let me say at the outset, my concern is not for our family. I share these examples with you on behalf of other foster families who may not have the means to address some of these issues. My oldest foster child began her Freshman year in college in August, but she was officially "emancipated" from care in June.

Of course, we cared for her in the interim 6 weeks; but there are many foster kids whose foster families can't afford to keep them after the funding stops, and the lag time before college starts or employment is found can be a problem. Our daughter also lost her medicaid benefits in June. What do children who have medical problems do after they leave the system? Who pays for their antibiotics or asthma medication? What about adolescents who require psychotropic medications? Does a manic-depressive teenager who has been in care most of his life wait a couple weeks, or a month, or 2 months for the paper work to go through so that he can receive benefits again?

My foster daughter had medical needs, and I was fortunate enough to be able to take care of them after her emancipation. But again, I am worried about the foster children who's foster families do not have the resources to pay out of pocket for medical expenses. As I mentioned earlier, another important skill to have as these kids make the transition to adulthood and independence, and attempt to find jobs or attend college, is the ability to drive a car. We recently enrolled the kids in Drivers Ed and discovered that we had to pay the \$570 dollars for their course out of pocket. Again, not a problem, and we did it willingly.

But circumstances might be different for another family, and it is for those families that this bill is so vital. We must empower state and local governments to cut bureaucracy with increased flexibility, and enable them to provide the kids in our

foster system with a transition system that actually prepares them to live as independent, functioning, productive members of society. The current program is not working, and immediate action should be taken. It is within our power to make a difference in these kids lives. We must do so, and do so now. Again, Mr. Chairman, I thank you for your work on this issue, and call on my colleagues in the Senate to move this legislation quickly through the committee process so that we can get a Presidential signature and affect some greatly needed changes for our kids in care. Thank you.

PREPARED STATEMENT OF ABIGAIL ENGLISH, J.D.

Mr. Chairman and Members of the Committee, thank you for the opportunity to submit this testimony on S. 1327, the Foster Care Independence Act of 1999. My name is Abigail English and I am the Director of the Center for Adolescent Health & the Law, which is a project of Advocates for Youth, a non-profit organization. Located in Chapel Hill, North Carolina, the Center for Adolescent Health & the Law works nationally to promote the health of adolescents and their access to health care. I have worked for more than 20 years to protect the legal rights of children and adolescents in the child welfare system and to increase access to health care for vulnerable children and youth, especially adolescents.

My testimony will address the health status and health care needs of young people who are leaving the foster care system and the importance of providing them with continuing access to essential health care services. S. 1327 contains an important measure that will encourage states to provide Medicaid coverage for these vulnerable youth and thereby maintain their access to health care. Enactment of this measure would be in the interest of young people leaving foster care, of states, and of the nation as a whole.

Youth Leaving Foster Care

Approximately one-half million children and adolescents are in foster care in the United States,¹ and recent estimates, based on reporting from 25 states, the District of Columbia, and Puerto Rico suggest that older children and adolescents (ages 11 through

¹ U.S. House of Representatives, Committee on Ways and Means, 1998 *Green Book: Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: U.S. Government Printing Office, 1998), 777 (citing Voluntary Cooperative Information System data

19 or older) make up 41 percent of the foster care population;² more than three-fifths (61 percent) of the children and adolescents of all ages in foster care in those jurisdictions are African-American and Hispanic.³ Estimates of the number of young people ages 18 through 21 leaving foster care each year vary from 20,000⁴ to 25,000.⁵ All of these young people should have access to health care as they transition out of state care and enter life as adult members of society, and many of them have exceptionally intense needs for health care.

*Health Status of Adolescents in Foster Care*⁶

Many children in foster care, especially those with serious health problems, remain in care throughout their childhood and adolescence.⁷ Therefore, both the data concerning the health status of foster children in general and the specific data concerning adolescents are relevant to determining the health status of youth in foster care. High percentages of children and youth in foster care have or are at risk for acute, chronic,

collected by American Public Welfare Association, now known as American Public Human Services Association).

² U.S. Dep't of Health and Human Services, Adoption and Foster Care Analysis and Reporting Systems [hereinafter AFCARS], Table 01-C: *Age Distribution for Children in Foster Care on September 30, 1997* (November 24, 1998), <<http://www.acf.dhhs.gov/programs/cb/stats/afcars/adnos97b.htm>>.

³ AFCARS, *supra* note 1, at Table 03-C.

⁴ Congressional Research Service, *Child Welfare: The Independent Living Program*, June 10, 1999 (Order Code RS20230).

⁵ The Casey Family Program, *Take This Heart: From Foster Care to Emancipation* (Seattle, WA: Date Omitted), citing Michael R. Petit and Patrick Curtis, *Child Abuse and Neglect: A Look at the States* (Washington, D.C.: CWLA Press 1997).

⁶ The author gratefully acknowledges the assistance of Kathi Grasso, Director, Child and Adolescent Health Law Program, American Bar Association Center for Children and the Law, who provided background information on the health status of adolescents incorporated into this and the following section.

⁷ Mark E. Courtney and Richard P. Barth, "Pathways of Older Adolescents Out of Foster Care: Implications for Independent Living Services," 41 *Social Work* 75 (1996).

disabling, and potentially life threatening conditions, which too often are inadequately identified and treated.⁸

Selected findings from studies of children and adolescents in foster care reveal a range of serious physical and developmental health problems. For example,

- Upon entry into the foster care system, 91.5 percent of children were found to have at least one abnormality in at least one body system.⁹
- 53 percent of foster children had one or more potential developmental problems and children who were older and nonwhite when entering foster care with identified developmental problems were nearly twice as likely to remain involved with the foster care system.¹⁰
- 47 percent of adolescents were "handicapped."¹¹
- 12.3 percent of foster care adolescents receiving a more comprehensive medical examination had tuberculin test positivity.¹²
- 17 percent of girls at the time of their discharge from foster care had experienced at least one pregnancy.¹³
- 17 percent had problems with drug abuse and 12 percent with alcohol abuse.¹⁴

Similarly, many children and adolescents in foster care have serious needs for

⁸ See, e.g., Deborah L. Shelton, Who Turns in Uncle Sam For Child Abuse? Foster Kids Are Often Last In Line for Medical Services, 22 *Human Rights* 8 (Summer 1995); Ellen Sittenfeld Battistelli, *The Health Care of Children in Out-of-Home Care: A Survey of State Child Welfare Commissioners* (Washington, D.C.: CWLA Press 1998).

⁹ Robin G. Chernoff et al., "Assessing the Health Status of Children Entering Foster Care," *Pediatrics*, 93(4) (April 1994): 594-601.

¹⁰ Sarah McCue Horwitz, Mark D. Simms, and Raymond Farrington, "Impact of Developmental Problems on Young Children's Exits From Foster Care," *Developmental and Behavioral Pediatrics*, 15(2)(April 1994): 105-110.

¹¹ Ronna Cook et al., *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth, Phase I, Final Report, Volume I* (Rockville, MD: Westat, Inc. 1990): 4-1.

¹² John I. Takayama, Ellen Wolfe, Kevin Coulter, "Relationship Between Reason For Placement and Medical Findings Among Children in Foster Care," *Pediatrics*, 101(2) (February 1998): 201 (Table 6: Medical Findings by Reason for Placement for Three Age Groups of Children Placed in Foster Care and Examined at the CPC in San Francisco, CA, From October 1, 1991 to December 31, 1992.)

¹³ Cook, 4-1.

¹⁴ *Ibid.*

mental health care, and the needs of adolescents are particularly intense. For example,

- 22 percent of children aged 3 to 6, 63 percent of children 7 to 12, and 77 percent of teenagers were found to be in need of a mental health referral; almost 75 percent were at risk due to a family history of mental illness and/or drug or alcohol abuse; 18 percent had been sexually abused or were suspected to be victims of such abuse;¹⁵
- 75 percent of mental health services billed for foster children were for treatment of adjustment disorders (28.6 percent), conduct disorders (20.5 percent), anxiety disorders (13.8 percent), and emotional disorders (11.9 percent); youth aged 12-17 accounted for 49 percent of all mental health services users.¹⁶
- Of the 77 percent of eligible foster children screened, 15 percent had indicated either a previous attempted suicide or were suspect for suicidal ideation, and 7 percent admitted to, or were suspect for homicidal ideation;¹⁷
- 48.7 percent showed evidence of psychological disorders;¹⁸
- 38 percent of the foster care adolescent population were "emotionally disturbed."¹⁹

Health Risks and Health Care Access for Adolescents Aging Out of Foster Care

The health-related difficulties that adolescents experience while they are in foster care do not disappear simply because they reach the age of 18 or are discharged from care. As adults, without ongoing treatment, many of these young people will continue to have the same physical and mental health problems they had while in the foster care system. Many will also experience new problems. New problems may be associated with their change in status, such as depression or anxiety disorders resulting from the

¹⁵ Chernoff et al., *Ibid.*

¹⁶ Neal Halfon, Gale Berkowitz, Linnea Klee, "Mental Health Service Utilization By Children In Foster Care In California," *Pediatrics*, 89(6) (June 1992): 1238-1244.

¹⁷ Chernoff et al., *Ibid.*

¹⁸ Anne McIntyre and Thomas Y. Keesler, "Psychological Disorders Among Foster Children," *Journal of Clinical Child Psychology*, 15(4)(1986): 297-303.

¹⁹ Cook, R., 4-1.

difficulties they experience in being cut off from what had been familiar, pursuing their education, finding a job or place to live, and supporting themselves. Youth with serious health problems may see their condition deteriorate when vital medication or other treatments have to be stopped. Even those young people who did not have serious health problems while in foster care, and who are relatively successful in making the transition out of care, will nevertheless need access to health care, just as other young adults in their age group need health care. Adolescents leaving foster care, however, may be the least equipped to make the transition to adulthood and obtaining the health care they need is likely to present special difficulties.

While there are few outcome studies of this population, the data that are available clearly demonstrate these challenges. In particular, three studies published during the 1990's document the health care problems of youth leaving foster care and the difficulties they have had when trying to obtain health care:

- A 1990 study of 55 former foster care recipients in the San Francisco Bay Area and Sacramento concluded that "[f]ormer foster youth are vulnerable to serious health care problems."²⁰ This study found that since exiting foster care, 44 percent had experienced a "serious illness or accident" with 24 percent requiring hospitalization and 13 percent for an "emotional problem."²¹ Forty percent stated that they "sometimes or often [had] problems or worries about medical bills" and 38 percent reported they had a "current untreated health problem."²²
- Among 810 ex-foster care youth in eight states, including New York, California, Illinois, and Tennessee reporting on their experiences 2.5 to 4 years after exiting care, 30 percent had difficulty accessing health care due to inadequate finances and insurance; 60 percent of females had given birth; and of the 25 percent who had experienced "problems with the law," the primary cause (51 percent) was

²⁰ Richard P. Barth, "On Their Own: The Experiences of Youth After Foster Care," *Child and Adolescent Social Work*, 7(5)(October 1990): 419, 426.

²¹ *Ibid.*

²² *Ibid.*

drug and alcohol abuse.²³

- A more recent study of 113 ex-foster children in Wisconsin interviewed 12 to 18 months after they left foster care reported that 44 percent had encountered problems obtaining health care "most or all of the time," with 51 percent stating the reason as lack of insurance coverage and 38 percent the cost of care.²⁴ Over 28 percent were unable to obtain dental care, with 90 percent citing lack of insurance or cost of care being a barrier to these services.²⁵ Regarding mental health care, this study found that "although the receipt of mental health services decreased dramatically over time, there is no evidence that the young adults' need for services decreased."²⁶

The high rates of physical and mental health problems among adolescents transitioning out of foster care mean that they need access to a wide range of medical and mental health services. Access to comprehensive services, including but not limited to treatment for acute and chronic health problems; dental care; pre-natal and maternity care; HIV/STD prevention, diagnosis and treatment services; and mental health and substance abuse services is essential for this population. One critical element in these young people's access to this range of essential services is health insurance coverage.

Health Insurance Coverage of Adolescents in Foster Care

While they are in foster care, most adolescents have had health insurance coverage through the Medicaid program. Children and youth who are eligible for federal foster care payments under Title IV-E of the Social Security Act are automatically eligible for Medicaid. In addition, most children and adolescents who are not IV-E

²³ Ronna J. Cook, *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth, Phase 2, Final Report, Volume 1*. (Rockville, MD: Westat, Inc. 1992): xiv-xvi, 4-24 – 4-25.

²⁴ Mark E. Courtney and Irving Piliavin, *Foster Youth Transitions to Adulthood: Outcomes 12 to 18 Months After Leaving Out-of-Home Care* (Madison, Wisc.: University of Wisconsin, 1998): 7-8 <<http://polyglot.lss.wisc.edu/socwork/foster/index.html>>.

²⁵ *Ibid.*, 8.

²⁶ *Ibid.*, 9.

eligible also have Medicaid coverage. This generally occurs either because they are eligible for SSI and thereby linked to Medicaid or because their state has used one or more of the options available to them in the Medicaid Act to provide Medicaid coverage for children and adolescents who are not eligible for federal foster care payments but are in state-supported foster care. However, for most adolescents in foster care, Medicaid eligibility generally ends when they leave foster care, often on their 18th birthday. Unless they have an alternate avenue for obtaining health insurance coverage this often spells the end of their access to health care on any regular or routine basis.

Health Insurance and Health Care Access Options for Youth Aging Out of Foster Care

The challenges of obtaining health care services and acquiring health insurance for low-income young adults ages 18 to 21 are difficult ones. This age group is already uninsured at higher rates than many others. Moreover, the ranks of the uninsured continue to grow, in part because low-wage and entry-level jobs do not include health insurance coverage and private coverage is too expensive for most young people to afford.

The situation of young adults leaving foster care is even more challenging than for young people in general. They have little experience in navigating the health care system or the complexities of securing health insurance coverage. They are often relegated to the low-wage and entry-level jobs that do not offer health insurance. Moreover, access to health care for this group of young people is likely to have become even more complicated than it was in the early 1990's. Not only will those who find employment be unlikely to receive health insurance along with their job, those who are

unemployed are also likely to encounter obstacles in securing care. With enactment of the 1996 federal welfare law, eligibility for Medicaid is no longer linked automatically to receipt of cash assistance (TANF) and, although some young people might continue to be eligible for Medicaid under rules linking them through the old AFDC program, the rules are complex, not well understood, and poorly implemented.

Some states have taken advantage of options in Medicaid law that allow coverage to be extended to limited groups of young people. Some of these categories could be available for selected subgroups of young people leaving foster care:

- 18 year olds who have not yet turned 19 may be covered for one year under Medicaid or the State Children's Health Insurance Program (CHIP) if they meet their state's age and income guidelines;
- Disabled youth who meet the stringent legal definitions of disability can qualify for Medicaid coverage linked to receipt of Supplemental Security Income (SSI) benefits;
- Pregnant or parenting teens may qualify for Medicaid coverage if they meet their state's income eligibility guidelines; or
- "Ribicoff" children (who would qualify for cash welfare assistance if they met the definition of dependent child) may be able to qualify for Medicaid at age 18, 19, or 21 if their state has chosen to cover them.

Even the list of these potential health insurance coverage options that might be available to a young person leaving foster care speaks for itself in establishing the problems they might have. People in all sectors of the health care and social service systems – social workers, health care providers, and even eligibility workers – as well as young people themselves may not understand these options or know how to determine eligibility under

these rules. Moreover, these options provide coverage for only a relatively small number of young people who are transitioning from the foster care system.

The consequences of not obtaining health insurance coverage can be severe, for the young people themselves and for their communities. Their health problems will not diminish simply because they do not have coverage. They will continue to suffer the effects of substance abuse, to lack health care while pregnant, or to experience mental health problems. Not only their own health but the public health will be placed at risk if their problems go untreated. Moreover, if they are deterred from seeking care by the lack of insurance and their inability to pay for its cost out of pocket, their problems may worsen and require more costly treatment in an emergency room or specialized treatment facilities, placing greater financial burdens on state or local government.

Importance of the Medicaid Provisions of S. 1327

It is critically important that young people aging out of the foster care system have Medicaid coverage at least until they turn 21. For many, this would provide them with three years of continuous and predictable health insurance coverage, allowing them time to learn to navigate the health and mental health system, become familiar with their other options and, hopefully secure employment that would include health insurance or enable them to buy it. While both the House (H.R. 1802) and Senate (S. 1327) bills allow states to extend Medicaid to this group, S. 1327 provides an added and important incentive to encourage states to do so.

Under S. 1327, in order to use the new Independent Living funds, states must extend Medicaid coverage to youths transitioning out of foster care who are at least age

18 but not yet 21, or to a subset of this group. S. 1327 would also include young people in foster care who are adopted when they are age 16 or older. States would have a strong incentive to meet the health care needs of a particularly vulnerable group of young people and would also be able to offer other assistance as well. Specifically, states could provide Medicaid coverage for "independent foster care adolescents" who meet the criteria specified in Section 121 of S. 1327.

States that elect to respond to the incentive contained in S. 1327 to provide Medicaid coverage for youth aging out of foster care will have the assurance that the federal government will share in the cost of their doing so. Federal Medicaid matching rates vary from 50 percent to 77 percent, thus assuring that states will pay no more than half the cost of care for these young people. In the absence of health insurance, states and local communities may actually pay more, when health problems worsen.

Conclusion

The transition to adulthood is challenging for all young people. For many young people who have spent all or part of their childhood and adolescence in foster care it is particularly daunting. A large percentage of them begin with serious health problems; others acquire health problems after they leave state care. Assisting them in meeting their health care needs is a critically important responsibility of the state that has cared for them in the child welfare system. Congress should assist states in meeting that responsibility. A failure to do so would be a disservice both to these vulnerable young people and to the communities and states in which they live.

Statement of Senator Charles E. Grassley
Wednesday, October 13, 1999
Hearing to discuss Foster Care Independent Living
and Chafee/Rockefeller bill - S. 1327

Mr. Chairman, I appreciate the opportunity to discuss legislation that impacts our nation's youth. Thank you to all the witnesses appearing here today. I'd especially like to thank the former foster care children for sharing their stories with us here today. Our efforts are on your behalf. Thank you for your input -- Congress depends on it.

I also want to thank Senators Chafee and Rockefeller for their work on the Foster Care Independence Act. I understand we may have disagreement on how to improve the child welfare system. However, I believe we can work together to provide loving homes for children.

The Adoption and Safe Families Act we passed two years ago made progress in improving the child welfare system. And, I am committed to building upon that progress.

One program that deserves attention provides resources for foster care children who are expected to "age out" of the system before they can be placed in a permanent home. The foster care independent living program attempts to give youth skills needed to survive on their own. This program has produced very mixed results. Senators Chafee and Rockefeller have gone farther than our colleagues in the House in recognizing the need to keep states accountable for this program, and I applaud your efforts. I believe we are headed in the right direction. However, I believe we must go farther in requiring states to account for actions on behalf of these youth.

The Chafee/Rockefeller bill does require that outcome measures be developed. Again, a step in the right direction. But, outcome measures need to be objective, quantifiable and verifiable. And, while the Chafee/Rockefeller bill penalizes states for misusing funds or failing to submit required data, there is no objective standard to which the states are held. It's my view that it is reasonable for foster care children to be succeeding at the same rate as other children their age. So, the number of foster care youth graduating high school, depending upon welfare or coming into contact with law enforcement should not exceed the same percentages of other youth. I view the failure to achieve these standards as a flaw in our child welfare system, and I cannot justify providing more money to states without working to ensure the money will directly benefit the children.

I am working to develop legislation to provide incentives for States to move foster care children into permanent situations, be it returning them to their homes or finding a new family and home for them. I look forward to working with my colleagues, and I appreciate the opportunity to support youth in foster care.

PREPARED STATEMENT OF TERRY HARRAK

My name is Terry Harrak. I entered foster care at the age of 15, after I was abused, neglected and abandoned by my father and stepmother. I grew up in a single family home with 9 sisters and one brother. My mom, who was terminally ill, was not able to take me or any of my siblings to live with her. One day I came home from school and my father told me that he had lost his job and that we were going to have to move. I was to stay with an older sister temporarily until he found a place, and he was going to go stay with some friends. I went to stay with my sister and I never heard from my father again. My sister called the police, and the police called back and said they found my father. The police took me to his new house and my father opened the door and refused to talk to me—he slammed the door in my face.

I went back to my sister's house. She had four children of her own and was living in a trailer. There was no room for me there, nor was there any financial or emotional support. Several months later we went to court, and I was placed in foster care. My first placement was in one of my high school teachers' home. While I was staying there, I was having lots of problems dealing with what had happened to me and with what my father had done. I had also gotten way behind in school. My social worker did not arrange for any counseling, help with school, or other support during this time of crisis. I had some problems in the home and had to leave. I then went to live in a group home for teenagers. I was taken away from my family, my friends, and my school. I lost everything that was familiar and comfortable for me—I spent Thanksgiving, Christmas, my birthday, and New Years in the group home, and no one from my family was able to visit me. I was in the group home for four months, and then moved to a mentor home, which is supposed to be an independent living placement.

The mentor home placement was with an older woman who was a dog therapist. I knew it was supposed to be an independent living placement, but I didn't learn any independent living skills other than those I taught myself by shopping for food and budgeting for transportation and school expenses. I was in this placement for two years, up until the beginning of my senior year in high school.

About a month before my 18th birthday, my social worker told me that I would have to leave my placement and foster care after I turned 18. There had been no planning or preparation for this event, and I had no idea what I was going to do out on my own. I left the mentor home a few days before my birthday because I thought I was going to be able to live with a friend. That arrangement lasted less than a month because of the family's financial problems, and I found myself homeless, sleeping at the homes of friends and teachers or in metro stations and hospital emergency rooms. It was really hard to find shelters for teens, and even when I did most of them only offered temporary refuge—two weeks at most. Like 20,000 other teens in the U.S. each year, I had "aged out" of the foster care system and found myself to be without financial support or the support of a loving family to guide me into adulthood.

During the time that I was homeless, I had no access to medical care at all. I got the chicken pox, but was only able to go to the doctor because my teachers collected money and took me there. I also got body lice from sleeping outside, and untreated urinary tract problems that were so bad that I ended up in the emergency room. My medical care, like all the other services I got in foster care, had ended when I turned 18. Without routine medical care, simple problems like a urinary infection became major ongoing kidney problems that I am still dealing with today. I

never got any follow up visits or check ups after having problem treated, either. I will have to deal with these chronic health issues for the rest of my life.

Even without the full support of my parents and a permanent stable place to live, I graduated from high school in June of 1998. In late July, I moved into a transitional living program for homeless youth. One of the only services available to the thousands of older teens who leave foster care and find themselves homeless each year are these programs. Unfortunately, there are only two of these programs in Virginia, and only 77 in the whole country. I am enrolled in college, working full-time, and will graduate from the transitional living program in January of 2000. Even with the help of this program, I am struggling to be able find a place to live that I can afford, and to have some sense of permanence and a place to call home. I will be twenty years old tomorrow, and have not had a real place to call home for five years.

Many young people who leave foster care don't get any help at all. Only a few will find transitional living programs like I did. Only about half the kids leaving foster care have a job at the time they leave—less than half have been able to finish high school before foster care ends. Too many, like me, find themselves with no resources or support and end up homeless. While there are independent living programs in each state that are supposed to prepare youth to find housing, jobs, education, and health care, the resources are limited and thousands of teens fall through the cracks every year. Independent living programs are only able to serve about half of the teenagers who are eligible for, and desperately need, these services.

It isn't enough for the states to provide services piecemeal, and to only reach some of the foster youth in need of services. There must be an organized system to help all youth who are leaving care and those who have already left to learn the skills they need to live independently. Otherwise, more teens aging out of foster care will become homeless, jobless, and isolated.

When we talk about independent living, we are actually talking about interdependence. No young person can survive without a network of support. Policymakers and community leaders need to create and sustain more transitional living programs, more independent living services, and more strategies to help young people establish good relationships and networks of support. We must ensure that aging out of foster care doesn't mean losing all the consistent, caring adults in your life. We must ensure that the end of foster care does not mean the end of caring for our foster youth.

**Statement of
Representative Nancy Johnson
Before the Subcommittee on Health Care
Committee on Finance
U.S. Senate
October 13, 1999**

Mr. Chairman:

I am very pleased to appear before you today to urge the Finance Committee and the Senate to take up and pass the Independent Living legislation that you have introduced. I am grateful to you for acknowledging in your legislation the plight of older foster youth who leave foster care terribly unprepared for life on their own. As you know, the House passed similar legislation last May. The House bill was introduced by my colleague Ben Cardin and I to help children who are leaving foster care establish themselves as self-reliant adults.

The main reason the Independent Living legislation enjoys bipartisan support in the Congress and in the states is the universal recognition that we have not, as a nation, done well by these children. An estimated 20,000 adolescents are leaving the child protection system each year ill prepared to move into the workforce, to continue their education, or to set up their own households. Testimony before our Subcommittee has shown unequivocally that these youths experience tremendous difficulty with housing, jobs, education, nonmarital births, injuries produced by violence directed against them, and physical and mental health.

The good news is that there are successful programs that can help these young people turn around their lives. We have found many good programs around the country that help foster youths find jobs or go to college or other post-secondary training programs.

Hearings like this one today can bring much needed attention to the plight of these children. This hearing can also provide vivid examples of the capacity of good programs to help foster children negotiate the transition to independent living. But we need to do more than simply highlight the problem. We need to bring actually make more money available to the states to help these unfortunate young people.

The House passed bill contains four central innovations. First, we double the amount of money available to states to help children leaving foster care. Second, we require states to conduct essentially two programs - one for adolescents before they leave foster care and a second program for young adults who have left foster care and are actually in the process of establishing themselves as independent adults. Third, we require states to prepare every adolescent in foster care at age 18 to either get a job or to attend an institution of post-secondary education. Fourth, we modify medicaid law so that states have an option to cover 18, 19, or 20 year old foster youth leaving foster care. Despite the optional nature of the medicaid provision, CBO estimates that about 70% of the states will

take this option and provide this much needed coverage.

On this point of medicaid coverage, let me be very clear about the fact that Ben and I wanted to make the medicaid coverage mandatory. Unfortunately, we did not have the money to pay for a mandatory provision. So we were forced to change the nature of our provision from mandatory to optional. Despite the optional nature of our provision, according to CBO we will still wind up covering more than half the eligible children. I understand that your medicaid provision is structured differently and would have an increased cost. I support the policy of expanding medicaid coverage for foster youth if we can find an agreeable offset to finance the provision. But let's not allow the differences in our bills to divide us. The most pressing issue before us today is not our differences in the medicaid provision -- which, after all, are really very minor. Besides, we can revisit that issue in conference. The most important matter before us today is securing final passage of the Independent Living bill before this session of Congress ends.

Mr. Chairman, half a loaf is better than none. By far the most important thing is for Congress to pass legislation so that we can get more resources to the states to expand both the Independent Living Program and medicaid coverage so that more children can successfully make the transition from foster care to self-sufficiency. I assure you that I am committed to seeing that the Independent Living legislation becomes law before the new year and hope that I can work closely with you to make that happen. Thank you for all that you do on behalf of foster children

PREPARED STATEMENT OF HON. JAMES M. JEFFORDS

I'd like to thank Senator Chafee for holding this hearing today and I'd also like to welcome our colleagues from the House and thank them for coming to the Senate today to talk about this very serious problem. I am proud to be a cosponsor of the Independent Living Initiative. I believe this bill effectively addresses the critical needs of our children who are aging-out of the foster care system.

Under current law, a child's eligibility for financial support for their day-to-day living needs ends upon reaching their 18th birthday, and in most cases a child's access to health care—through Medicaid—also ends upon reaching their 18th birthday.

Many of these children are still in high school when they reach the age of 18. Furthermore, most families who take in foster children do not have the financial resources to care for these children on their own. This bill is so important for these young adults. Eighteen is not a magical age where all of a sudden a child can readily assume all the responsibilities of adulthood. Just think about what you were like on your 18th birthday.

We must provide state and local governments with the resources they need to help children in our foster care system make a successful transition into adulthood. This legislation will help ensure that these children are equipped with more of the necessary tools they need to live independent, productive lives.

A good example of why need to make these important changes to our foster care system is JD Jones, a young man who comes from my home state of Vermont. JD's life is an incredible success story of how children can overcome their hardships with the help of foster and adoptive families.

JD was moved from one foster family to another, struggling the entire time to help his five brothers and sisters stay together. He managed to make it through the system, but had no idea that "the rug would be pulled out from under him" on his 18th birthday. He understands the importance of having continued support after the age of 18. JD is just one of the many children who need our help.

Again, thank you for holding this hearing and for giving me the opportunity to express my support for this important piece of legislation.

PREPARED STATEMENT OF SISTER MARY ROSE MCGEADY, D.C.

Executive Summary

Covenant House is the country's largest privately funded childcare agency providing services to homeless, runaway, and at-risk youth in 10 states and the District of Columbia encompassing 14 cities across the nation. Last year our programs provided food, shelter, clothing, counseling, medical, educational, and vocational services to over 46,000 youth in our residential sites, community service centers, and van outreach programs throughout the United States. Nearly sixty five percent of these youth are between the ages of 18 and 21. About 40 percent of these young people have been in foster care.

Over the past 13 years we have initiated eight transitional living programs for emancipated, homeless, and at-risk youth called Rights of Passage (ROP). We believe our transitional living programs serve as examples of how the government can assist older foster care youth transition into adulthood. Over 60 percent of our young people successfully graduate from ROP.

In order to help emancipated young people make the transition to adulthood we need to offer them:

- A safe and supportive place to live where they can develop the practical skills necessary to live independently.
- Access to vocational training leading to employment that will pay more than minimum wage and will offer medical benefits and opportunities for growth.
- Access to educational programs so they can complete their high school diploma or GED, and encourage them to seek higher education.
- Access to affordable housing so they can truly live independently.
- Access to health care when needed.

To accomplish these objectives Covenant House is asking the Congress to:

- Increase funding to Title IV E to extend foster care eligibility for youth between 18 and 21 years.
- Increase funding for the Independent Living Program and other transitional living programs to prepare youth over 18 for independent living.
- Extend Medicaid coverage to youth 18-21 who have aged out of foster care.

Introduction

Covenant House is very pleased that the President and the Congress have placed the issue of aging-out foster care youth on the national agenda. We would like to thank Senators John H. Chafee and John D. Rockefeller for taking the leadership on this matter by holding hearings on this very important issue.

This hearing presents us with the opportunity to have a long overdue dialogue about a segment of our population that is often overlooked in many of our social programs, namely young adults between the ages of 18 and 21 who have aged out of foster care. Many of these youth lack vocational training and educational preparation. They have nowhere to go and no place to stay. Frequently they end up on the streets of our cities. Like other adolescents, they are vulnerable to a full range of child health problems. But because of their homelessness, these adolescents are more prone to health problems such as tuberculosis, hepatitis, nutritional deficiencies, asthma, trauma (resulting from assault, rape, and other violent crimes), multiple sexually transmitted diseases, HIV infection, and severe psychiatric disturbances. The young women are more likely to become pregnant, have little or no prenatal care, and give birth to infants with low birth weights. Substance abuse is also prevalent.

Those who find their way to a Covenant House facility are able to use the services of our own, privately funded health clinics. Most, however, lacking Medicaid or any other health insurance, are not able to get the treatment they need. That is why extending Medicaid to youth who have aged out of foster care is so important.

Medicaid coverage, crucial as it is, however, must go hand-in-hand with a comprehensive program which will address the wide range of needs presented by this population so youth who have aged out of foster care can become self-sufficient and live independently. We would like to offer the Committee a description of our Rights of Passage program as a model for meeting the challenges facing this population.

In the United States today, we often think of a person who is 18 years old as an adult. At 18, a young person has the right to vote, to defend our country in wartime and is expected to make critical decisions about his/her life. As parents we might give our children more responsibility at 18 than we would at 16 because we want them to begin to behave more adult-like. In fact, many of our federal, state, and local social programs for children and youth often end when a young person reaches the age of 18 because we expect that, at this age, an individual should be able to adequately provide for him/herself. But we also know that under "normal" circumstances, children at this age struggle to meet these expectations, even with the assistance of a loving, caring, and supportive family environment. These children still rely on their parents for guidance and financial support as well as their network of friends and colleagues to assist along the way. In fact, many middle class parents would agree that their children do not really begin to approach adulthood until they graduate from college, obtain their first "real" job and find their own housing, which might not happen until age 25.

But what about young people who do not have this kind of support system? How do they successfully make the transition from adolescence to adulthood? How does the homeless youth, the youth who has been orphaned by AIDS or substance abuse, and the youth leaving the supportive environment of foster care begin to create a life for him/herself? Thirteen years ago Covenant House pondered these questions. We realized that we had to create a support system for these young people to help them become productive adults. Consequently, we established

and implemented what became one of our most successful programs for homeless and at-risk emancipated youth, our Rights of Passage (ROP) transitional living program. We believe—and our experience has proven—that this program encompasses the components necessary to successfully move emancipated youth into adulthood. These important components include access to housing, vocational training and jobs, educational programs, access to daycare, access to medical care, and most importantly, access to caring, supportive individuals such as program staff and mentors.

Covenant House is the country's largest privately funded childcare agency providing services to homeless, runaway, and at-risk youth in 14 cities across the nation. Last year our programs provided food, shelter, clothing, counseling, medical, educational, and vocational services to over 46,000 youth in our residential programs, community service centers, and van outreach programs in the United States. Sixty-five percent of the youth we serve at Covenant House are between the ages of 18 and 21. About 40 percent of these young people have been in foster care. Many of them are estranged from their families while others have no families at all. Consequently, they often become residents in our Rights of Passage program. The Covenant House ROP program serves as a model that we believe can transform the lives of young people so that they become independent, self-sufficient adults.

Case Histories

Bill is a youth who initially had a history of homelessness as a young teenager until he was referred to California's Department of Family and Child Services (DCFS) at age 14. On his eighteenth birthday, he once again became homeless after DCFS dropped his case and refused to provide him with any services. At the same time, Bill also lost his Medi-cal coverage. Subsequently, he arrived at the Covenant House California shelter without the ability to access housing, food or medical services. Bill desperately needs consistent medical coverage so that his mental health issues can be addressed. He is highly impulsive, and as a result, often engages in self-destructive and risky behavior. His problem-solving skills and his judgement are impaired, and he is vulnerable to being taken advantage of on the streets. Bill is also in need of neuropsychological testing so that his neurological problems can be addressed. Without Medi-cal coverage, these services are not available to him. This places him at great risk of deteriorating to such a state that his chronic mental illness may cause him to live a life of chronic homelessness. Bill needs Medi-cal coverage so that he can have adequate ongoing medical services.

After Ohio Children's Services removed him from an abusive home, George spent his adolescence in a foster home with a loving and supportive foster mother. Although she would have been glad to allow him to continue living with her when he turned 18, he had to leave because there were younger foster children in the home. George had dropped out of school but was working. His job, however, did not provide enough money for him to maintain an apartment, so he decided to join the crew of a carnival that traveled around the country. After several months, George came to Florida with the carnival and decided he did not want to continue that tough, wandering life. He called the Neline (1-800-999-9999), Covenant House's national hotline for youth and families, and was referred to Covenant House Florida in Ft. Lauderdale. He spent several months at our Crisis Center, where he obtained his GED and completed several components of our ROP program that prepares older adolescents for the world of work.

David lived in foster care in New York City from age 11 to 18. At 19 he moved to South Carolina to live with his grandfather, but this arrangement did not last long. During his stay with his grandfather, David got a job and soon after moved into an apartment of his own. Six months later, David was laid off from his job, was unable to pay his rent, and lost his apartment. He turned to his family for help to no avail. Finally, an uncle living in New York City agreed to help David and he returned to New York. This living arrangement did not last long because David was having difficulty finding a job and was asked to leave his uncle's house. David came to our Crisis Center because he did not have a place to stay. He worked with the job developers at Covenant House and was employed within a month. He moved into ROP and is currently employed at Staples earning \$6.50 per hour. He has been at ROP for six months and we believe he will be ready to move into his own apartment in another six months.

Dionne entered the California foster care system at age 13. Following placement in several different group homes, she came to Covenant House California when she aged out of the system. After several attempts, she successfully entered the Right of Passage program, completed all three phases of the life skills curriculum, and graduated into a supportive apartment. Dionne is currently employed full-time at another social service agency in Los Angeles. She also volunteers at Covenant House as a peer counselor on the outreach van. One of her goals is to attend college to study early childhood development so that she can help others who have come through the foster care system.

John is a 20-year-old male who initially came to Covenant House Washington (CHW) at the age of 18 seeking assistance to obtain a GED. After being in the District of Columbia foster care system from the age of 12 to the age of 18, John decided that he no longer wanted to receive foster care services because he did not like the restrictions the system placed upon him. During that time he was in four separate foster homes. In his last two placements, he was separated from his biological brother and sister. Initially, John bounced from place to place and sometimes lived on the streets. His attendance at CHW was sporadic and his behavior ranged from cooperative and studious to disruptive and inattentive. With the continued encouragement of CHW staff, John has moved into shelter where he is living presently. In the meantime, CHW is assisting John with counseling, meals, GED studies, employment, and emotional support.

Mary is a young woman from our program at Covenant House New Orleans. She entered the foster care system and was placed with a number of families, some good and some bad. Finally, she was placed in a group home setting where she remained until age 18. As she states in her own words:

"I left with good behavior, but it hurt because once again I was leaving a home. So then I started running away too scared to get close to anyone and afraid to let anyone help and it messed me up. I was leaving good and bad places, having nothing, no one and no place to go, sleeping outside or anywhere I lay my head. Being in the custody of the State was hard for me all the way even though it bettered me in so many ways. I had people to love and care for me. It gave me the opportunity to go to school and become somebody. If I were with my parents I would not be who I am today. Though it hurt me to get taken away from my family, it saved my life from failure.

"What happened to me was painful but people go through worse. The pain and troubles don't stop at age 18. The State needs to expand the after care program into programs like this one [Covenant House]. When you get out of States Custody you shouldn't have to fall homeless and then get help because some people fall and don't get up. It should already be set before we make 18 to go to a transitional program. When I left States Custody I had to fall homeless and get back up. It's like after 18 you're on your own and life is going to fall into place. That's not how it always works. At the age of 18 life gets harder and

you have to deal with it alone. Transitional programs should be there for the extra schooling, work, or parenting classes—the structure, guidance, and discipline that teens need.”

Tony entered foster care in Houston Texas at the age of ten, going from one placement to another. In 1997, when he became 18, he aged out of the foster care system and had to leave. Two months later, after living on the streets of Houston, he showed up at Covenant House Texas' Houston facility. Soon afterward, he visited the Covenant House health clinic complaining of headaches, dizziness, and loss of equilibrium. Shortly before coming to Covenant House he had gone to a public clinic with the same symptoms but was not served because he lacked Medicaid or any other health insurance. When the Covenant House clinic physicians who are from Baylor College of Medicine, examined him, they realized he had serious cerebral problems and needed more tests immediately for a proper diagnosis. They arranged to have him admitted to Ben Taub Hospital, a city facility, where it was discovered that Tony had a brain tumor. Emergency surgery was performed, and the brain tumor was removed. The operation was a success, and Tony recovered. Today, two years later, Tony has a full-time job and is supporting himself independently.

If Tony had not gone to the Covenant House clinic, his brain tumor may never have been discovered due to his lack of health insurance, and he may have died. Fortunately, due to private funding, many Covenant House sites maintain clinics to help meet the health needs of the youth they serve. Covenant House is located in only 14 U.S. cities, however, and cannot possibly serve all the needs of youth who have aged out of foster care even in those cities. This is why it is so crucial to extend Medicaid coverage to youth who have aged out of foster care.

These stories are representative of many young people who come to our Covenant House sites. Some are running away from abusive or neglectful situations; some have been thrown out of their homes due to pregnancy, unemployment, or incarceration, and some are escaping domestic violence and substance abusing parents. Many of these young people have tried to make it on their own, but were unsuccessful. For many of these youth, Covenant House is their last chance.

Rights of Passage

The Rights of Passage (ROP) program began 13 years ago at our New York site as a response to the increasing numbers of youth we were seeing who had no place to call home and who were having a difficult time making it on their own. Covenant House currently operates eight ROP programs across the country. ROP is a long-term transitional living program which provides a unique opportunity for homeless young men and women, aged 18 to 21, who are motivated to take control of their future. It offers a safe and stable living environment, where young people are able to focus on pursuing their educational and vocational goals and prepare for the responsibilities of adulthood. ROP is a unique collaboration of a broad range of individuals, from staff and volunteers to mentors and private sector business people, working together to help our youth approach their long term goal of independent living.

Our primary objective in ROP is to help youth adjust to the world of work. However, daily living in the program presents each young person with a variety of challenges including interaction with peers, management of time and money, negotiating social systems, learning responsibility to self and others, setting priorities, and focusing on realistic goals. ROP is a community of people working together to foster growth through positive relationships. Staff and

youth share meals, recreational activities, and other aspects of daily living. They also hold special activities such as group meetings, workshops, retreats, camping trips, and other excursions. In many ways ROP can be seen as a school for positive independent living. Participants are presented with the opportunity to learn through counseling, daily interaction with staff and peers, facing challenges, and accepting and correcting mistakes.

ROP operates on the premise that stable employment is the key to true independence. To this end the program has three major components to assist our young people overcome barriers to gainful employment. They include a vocational/job placement program, an educational program, and a mentor program.

Vocational/Job Placement

The Vocational Training Program provides job-specific training, educational support, and direct placement upon the successful completion of the training. Course areas include building maintenance, office assistant, business technology, culinary arts, desktop publishing, home health aide, medical receptionist, metal and marble restoration, nurses aide, landscaping, and silk screen printing. All training programs are joint ventures with private sector businesses, and are taught by in-house staff and volunteer professionals from each industry. ROP staff also refer participants to training programs offered by other providers in the community when appropriate.

We are constantly seeking varied opportunities for youth to gain access to employment. Ezekiel's Cafe is an earned income project managed by our Covenant House New York site, which employs our young people directly. The café offers a creative approach to preparing our young men and women for the job market. Two new earned income projects, desktop publishing and silk screen printing, have recently been implemented. At Covenant House New Orleans, White Dove is another such project which trains our youth for jobs in landscaping. White Dove has secured contracts to care for areas as diverse as community gardens to sections of the city's highway.

Job Placement Services develop employment opportunities for young adults. Clients meet with counselors, attend vocational workshops, prepare résumés, and take assessment tests to determine their skill and academic level. Our job development staff initially works to secure entry-level jobs from private sector partners. The Covenant House job bank has grown to over 655 companies that employ our youth in a wide range of industries from banks to building maintenance. We cannot overestimate the importance of getting private businesses involved in any endeavor designed to help youth transition to adulthood. Youth need an economic base from which to build in order to reach independence, and employment is the key to that base.

Educational Program

The Educational Program, sometimes directly and mostly through collaboration with other agencies, provides day and evening classes, volunteer tutors, and computer-assisted study programs to offer courses that include Adult Basic Education, English as Second Language classes, General Education Diploma preparation, and assistance to students in accessing higher education. At Covenant House we understand that as our young adults improve their educational skills, they also increase their chances of getting a higher paying job which takes them closer to permanent housing and independence.

Mentor Program

The Mentor Program matches each resident to one of a select group of professional men and women who have volunteered to act as advisors and role models for these young people. For many of our young people it is the first time in their lives that they will experience a supportive, one-to-one relationship with an adult. Our mentors play an important role in providing our youth with employment and career advice. Mentors are an integral part of Rights of Passage. Our graduates consistently rate mentors as a key factor contributing to their success.

Other Essential Services

In addition to the three major areas of ROP outlined above, ROP residents also have access to other services that are essential to their success while in the program. They are able to have their health care needs met directly through our free clinics and through collaborations with local hospitals. Upon leaving ROP, however, many young people find themselves without access to medical services. They sometimes do not have jobs that offer them medical benefits and often do not qualify for Medicaid or other state run health programs because of their age or income. Unfortunately, these young people then become part of the large population of uninsured working families in America. We fully support the proposal in the Chafee-Rockefeller Foster Care Independence Act to extend Medicaid benefits to this age group and hope the full Senate will join us.

Young women with children make up about 30 percent of our ROP residents. They are some of our most motivated and responsible ROP participants. They tend to be more focused and driven to accomplish their goals. While the mothers reside at ROP, they have access to safe affordable daycare for their children. We encourage all our mothers to apply for subsidized daycare upon entering our program so they will have it upon graduation. However, far too many of them do not get daycare because there are not enough slots available. This situation has been worsened by the competition between working mothers and mothers on welfare who have been given priority for daycare slots. Consequently, some of our young mothers are unable to fulfill their job commitments because they have no stable daycare arrangements and as a result of increased absenteeism, become unemployed. With no income, they lose their apartments. Some of these young women end up on welfare in order to survive. We need to increase funding to the Childcare Block Grant to States in order to expand daycare opportunities. This will prevent many young women from having to choose welfare over work.

One of the most important aspects of our program is helping our youth find a permanent home of their own. Access to affordable housing is one of the biggest challenges facing our young people leaving the ROP program. Many of our sites have apartment programs to assist our young people with housing. We also seek collaborations with low-income housing providers in order to secure affordable housing for our youth. We support the provisions of the Foster Care Independence Act which would create more opportunities for young people to gain access to affordable housing.

Conclusion

Over 60 percent of ROP participants graduate to independent living. This means that after they leave the program they continue to be employed and are living in a stable environment. While we are proud of this success rate, naturally we continue to search for ways to improve. We are

also well aware that we cannot do this work alone as evidenced by the public and private partnerships and collaborations outlined earlier.

The most important challenge that we face in helping young people make the transition to adulthood is the lack of adequate programs like ours available to assist them. Covenant House operates eight transitional living programs across the country with an average daily census of 243, and still we have long waiting lists. Clearly, there is a need for more programs for our nation's young people to help them successfully transition to adulthood. As one young woman at our program in New York City put it:

"When you age out of foster care you don't have family. I mean, how do you expect someone who's ill equipped, who's unprepared and who's been in the foster care system which is kind of like a safety net, all of a sudden to just be thrown into the real world? And with no safety net. If anything happens to you, after you turn 21, that's it for you. You go to a shelter. There is no, 'oh well let me call mommy and tell her I just need a place to stay for a couple of months until I get on my feet.' There is none of that!"

We hope that Congress will increase funding under the Foster Care Independence Act to expand the Independent Living Program and extend Medicaid to youth who age out of foster care.

COMMUNICATIONS

STATEMENT OF THE CHILD WELFARE LEAGUE OF AMERICA, INC.

The Child Welfare League of America (CWLA) welcomes this opportunity to submit testimony on S. 1327, the Foster Care Independence Act. We commend the efforts of the bill's bipartisan sponsors for taking steps to address the needs of young people transitioning from foster care to independence.

CWLA is an association of more than one thousand public and private non-profit community based agencies that serve more than three million children, youth, and families each year all across the United States. Virtually all of CWLA's member agencies provide foster care and other services to teens who can not live safely at home with their families or who are homeless. Over 500 of our members provide specialized independent living and other transitional support to young people who will not be returning to a family and who will be on their own once they leave care.

HISTORY OF THE FEDERAL INDEPENDENT LIVING PROGRAM

In the early 1980's, older adolescents in foster care and young adults who had been discharged from foster care became a source of great concern to professionals in human services and to society at large. Many young people released from foster care were returning to the care of the state as adults, either through the welfare or criminal justice systems, or as residents in shelters for the homeless (Stone, 1987). At the same time, studies such as the one conducted by Westat in 1986 showed that about half of the children in foster care nationally were age 12 or older, and that many of these teenagers would exit foster care as adults who must live on their own (Westat, 1988; Stone, 1987). Public agencies recognized the need to make fundamental changes in their programs and services for these older children, particularly in the areas of education, employment, life-skills, and decision-making.

These concerns culminated in the passage of legislation creating a federal Independent Living Program in 1986. In 1987, funds were allocated and program implementation began in all 50 states. In some states, federal funds supplemented state funds that were already being directed to the provision of independent living services to older teens in foster care. Maryland, for example, had recognized the need for independent living services for teens and begun implementing a state funded program in 1985.

The Independent Living Program was amended in 1990 to extend eligibility for independent living services to age 21 at state option. This extension recognizes that young people in foster care often face difficulty in making an abrupt transition out of care at age 18, and that services are more effective on a longer continuum. In 1993, the Program was permanently authorized and funded at \$70 million. These funds are distributed to states by formula, and must be matched dollar for dollar over the original amount allocated to the state in 1986. Federal Independent Living Program funds may be used to provide counseling, educational assistance, life-skills training, and vocational support to youth in care. Funds are also directed to state and local independent living staff positions, staff training, foster parent training, and youth participation activities such as annual youth independent living conferences.

The Federal Independent Living Program does not require states to provide specific services (other than an initial life-skills assessment), and allows for great flexibility in program design. States are required to have a state plan for independent living services, an individual independent living plan for each youth participating in the program, and cooperative and collaborative efforts among agencies. Other than these basic requirements, states have tremendous flexibility in designing and delivering independent living services. Many states' independent living programs vary widely across counties and cities as well. Programs in each state vary accord-

ing to how social services are administered, i.e., centrally, through a state department of social services, or locally, through a county administered system. The presence of state Independent Living Coordinators and state-wide Independent Living Advisory Committees facilitates the sharing of program strategies and fosters consistency in program implementation. A number of national organizations, including CWLA, the National Resource Center for Youth Development, the National Independent Living Association, and the Daniel Memorial Institute, provide resources, information, training, and other support to independent living programs nationwide.

Federal funds can not currently be used to provide room and board to youth participating in the independent living program; residential services or other housing assistance must be provided through other funding sources. For example, in many states, residential placements and subsidized independent living services are paid for through Title IV-E foster care maintenance funds or other state funds.

INDEPENDENT LIVING SERVICES FOR YOUTH IN FOSTER CARE

Learning to live independently is a lifelong process. For most children, the early stages of this process take place as part of growing up in a family. In the family setting, children receive continuous economic and emotional support from nurturing parents as they make the transitions from childhood to adolescence and from adolescence to adulthood. For many children, however, this family support is unavailable for a few weeks, months, years, or for their entire childhood. At times when parental care and protection are unavailable, local government agencies become the community's designated agent in loco parentis.

- Currently, teens represent approximately 30% to 40% of the more than 530,000 children in foster care nationally (Petit et al., 1999).
- Each year, 25,000 of these older youths "age out" of foster care and must make the transition to self-sufficiency. Only about one in four of these young people will return home permanently.
- In 1998, over 80,000 young people in out-of-home care participated in independent living programs.

An eventual transition to self-sufficient adulthood is a major goal for all children in foster care, whether they will return to a family, be adopted, or live independently. Historically, however, independent living services have only been available to those older adolescents (ages 16 and up) in foster care who are approaching the statutory age of release from state custody. Philosophically, independent living should be seen as a desired developmental goal for all children. Child welfare agencies acting in the role of parents have the responsibility to ensure that the children in their care receive the supports and opportunities they need to achieve this goal. This is particularly true for children and youth in out-of-home care settings, who face the many challenges of growing up without traditional family supports.

Additionally, there are three areas of practice critical to effective implementation of independent living services:

- (1) *A flexible continuum of living arrangement options.* Youth should have access to the placement(s) which best suit their level of developmental readiness. Young people should be able to move from a more structured to a less structured setting, and be able to return temporarily to a more structured setting if necessary.
- (2) *A continuum of case management.* Effective case management should include assessment, training, resource development, advocacy, and re-evaluation. Successful case management includes young people actively and consistently involved in the decisions that affect them.
- (3) *A positive youth development approach.* Programs employing this approach place value on young people regardless of their situations, and emphasize their strengths and potential, rather than their problems and deficits. This approach emphasizes program services that will contribute to young peoples' healthy development, support them in building on their own strengths, and enable them to contribute to programs and communities. This does not mean that the serious issues and service needs of young people should be ignored. It does mean that focusing on development and promoting competence will most effectively address existing problems, prevent potential problems, and support young people in their current and future roles as contributing members of the community.

INDEPENDENT LIVING SERVICES AND PROGRAMS

Services and programs provided through federally and state-funded independent living programs represent one part of the continuum of services and opportunities available to young people in foster care. Independent Living program services may include:

- Centralized state-wide activities, resources, information, and program planning available through the federally funded independent living program, and implemented by the state Independent Living Coordinator and, if in place, the state Independent Living Advisory Board;
- Assessment, life skills activities, training, support and case management related to preparation for independent living provided by individual case workers and independent living coordinators at the local or county level;
- Residential services, including foster homes, stipend boarding arrangements, supervised independent living apartments, residential group care, and apartment-based independent living programs. These programs may also include counseling, educational/vocational assistance, case management, life skills training, socialization, and community resource development.

Most states offer all of the basic services that the federal Independent Living Initiative supports: education and/or employment assistance; training in daily living skills; individual and group counseling; integration and coordination of services; outreach; and a written individual transitional living plan for each participant. The availability of these services varies widely among the states, as does eligibility for participation in IL programs. Independent living services, by law, must be available to all youth in foster care at age 16. Some states, such as New York, Maryland and Missouri, have chosen to use state funds to provide independent living services for youth as young as 13 or 14. Eligibility to receive services ends at 6 months after emancipation, which occurs between ages 18 and 21, depending on the state. It is important to note that the majority of states are reaching only 50% of the youth eligible to receive independent living services.

Completion of a high school education, and participation in higher education, are some of the strongest indicators of future ability to achieve and maintain self-sufficiency after discharge from Social Services' custody (Cook, Fleishman, & Grimes, 1991). Youth who receive support from the state (their legal "parent") up to age 21 and who participate in post-secondary education programs may be more likely to obtain living-wage employment, less likely to become pregnant as teenagers, less likely to become involved in the criminal justice system, and less likely to become homeless or join the welfare rolls after discharge.

CWLA Standards for Independent Living Services emphasize the importance of housing services in assisting youth aging out of care. In a 1998 survey of CWLA member agencies providing services and supports to youth who have emancipated from the foster care system, 67% reported housing as the most needed service (Nixon, 1998, p. 16). Not surprisingly, 57% of the agencies surveyed reported that housing was also the most difficult service to provide to youth leaving foster care (p.17). Although many public and private social service and foster care agencies have demonstrated great flexibility and creativity in assisting youth in care find the most appropriate housing option meeting their needs, the inaccessibility of affordable housing limits opportunities for young people to successfully transition to independence. Human services professionals and young people themselves agree that an apartment-living program provides the best preparation for independence.

What do Young People in Foster Care Need?

This discussion can be clearly articulated within the framework of existing child welfare reform efforts set forth in the Adoption and Safe Families Act. That law focuses on child safety, permanence, and well-being.

SAFETY

In the majority of states, emancipation of a foster youth is not determined by readiness, but happens by statute at 18 or upon attainment of a high school diploma or GED. Research demonstrates that young people who emancipate from the foster care system experience great risk in terms of emotional, economic, and physical safety (See Attachment 1). They are more likely to become homeless, to leave school without a diploma or GED, to experience early parenthood, and to be victims of violence than their mainstream peers. Like all youth in their age bracket, they are more likely to be unemployed or underemployed, with the additional burden of less educational achievement and opportunity. Young people report that the transition to independence and expected self-sufficiency is often very rapid, sometimes unplanned for and unexpected, and results in their feeling "dumped."

To strengthen the system of support that contributes to the safety of young people emancipating from the foster care system, we must:

- Increase early and consistent access to independent living preparation, especially opportunities for realistic practice of employment and life skills.
- Ensure the active involvement of young people in the individual planning and decision making processes that will lead to successful emancipation.

- Increase access to emergency shelter, transitional housing, and longer-term affordable housing options.
- Ensure that no youth is discharged to homelessness.
- Provide support and concrete assistance, including health care, basic necessities, and formal aftercare services through age 21.

PERMANENCE

Young people need appropriate information about the strengths and limitations of all permanency options, including adoption, legal guardianship, and other permanent living arrangements, as well as emancipation. Though many foster teens are adopted each year, emancipation to independence is the reality for many others. Long lasting, supportive, and strong connections to family members, friends, and other adults are critical to young people's healthy development while they are in foster care and to their success in adult life. Young people report that relationships with people who care about them and are there for them consistently make all the difference in the world when they are on their own.

To strengthen the system of support that contributes to permanence for young people emancipating from the foster care system, we must:

- Provide more information about permanency options and support in making decisions related to permanency to young people, families, foster/kinship caregivers, prospective adoptive parents, and service providers.
- Encourage discussions of permanence both inside and outside of the legal context so that child welfare staff can help emancipating youth build the networks of support they need to make successful transitions.
- Ensure early and continuing access to supportive adults, including biological family members, identified family/kin, mentors, former service providers, and other community members who can be part of a long-term network of support.

WELL-BEING

Personal and social functioning, health, education and employment are all critical areas of well-being for young people as they move toward adulthood. The experiences that result in children and youth being placed in foster care, as well as the actual experience of foster care, can create barriers to achieving well-being in any or all of these areas. Coordinated efforts on the part of policymakers, public officials, caregivers, service providers, educators, community members, and youth themselves are critical to the positive development of young people making the transition to productive interdependence. Young people who have left the foster care system say that disruptions in education due to changing placements, inadequate preparation for the workplace, lack of access to physical and mental health care, and the immediate struggle for day-to-day survival after leaving care make planning for a good future very, very difficult.

To ensure the current and future well-being of transitioning foster youth, we must:

- Provide a continuum of support and preparation for adulthood that begins when a child or youth enters foster care and continues through the post-emancipation period.
- Stabilize foster care placements to ensure educational continuity and achievement.
- Increase youth involvement in the planning and delivery of services to transitioning youth at the local, state, and national levels.
- Create national and local networks of foster youths and former foster youths that will enhance overall levels of support and participation.
- Provide opportunities for organizations serving older youth to network with each other, communicate strategies, and coordinate service delivery.
- Facilitate greater coordination among and between national and local education, housing, health, employment, and assistance programs to better serve this population.
- Ensure accountability through data collection on 6-24 month outcomes for youth leaving foster care, technical assistance to the states, and evaluation of independent living services.

Why is there a Special Need for Health Care Services for these Youth?

The extent of the health care problems facing abused and neglected children and youth in foster care is truly alarming (Schor 1982; Hochstadt et al., 1987; Simms, 1989; Halfon, 1992). Most children enter foster care in a poor state of health, and most enter with developmental, behavioral, and emotional disturbances. Even when compared with other children of the same socioeconomic background, children in fos-

ter care suffer much higher rates of serious chronic physical disabilities, birth defects, developmental delays, and emotional problems (American Academy of Pediatrics, 1994). A GAO study found that, "As a group, they [children in foster care] are sicker than homeless children and children living in the poorest sections of the inner city." Chronic medical problems affect 30-40% of children and youth in the child welfare system. Often these chronic conditions have been untreated or only partially treated (Schor, 1988).

Adolescents in foster care experience higher risk for continuing medical problems, which are exacerbated by multiple placements, lack of continuity of intervention and record-keeping, and declining emphasis on preventive measures (e.g., immunization) as they enter adolescence. In addition, adolescents in foster care report feeling low levels of trust in adults and the service system, which may prevent their accessing health care and other services.

During the time immediately following statutory discharge from the foster care system (usually at age 18), former foster youth experience tremendous problems both in terms of their health status and in their ability to access health services. Because health coverage ends at the time of emancipation, young people lose both routine preventive care and the care they have needed to treat chronic medical conditions. As many as 25% of youth leaving foster care experience homelessness during the year following emancipation (Cook, 1991). In a national study of youth accessing services from urban health clinics, 41% of homeless youth served had a history of placement in foster care (National Coalition for the Homeless, 1998).

Securing and maintaining employment are critical factors in accessing health insurance for all adults. Youth who are forced to leave foster care at 18 are often still in high school, and most are still in entry-level employment, if they have been able to secure employment at all. Research suggests that about half of the youth leaving care are employed at the time of discharge (Mech, 1994). Furthermore, since only 35-45% of teenagers in foster care are able to graduate from high school, their employment prospects are particularly discouraging. Clearly, the realities of educational underachievement and difficulties with securing and maintaining employment place these youth at a significant disadvantage for achieving self-sufficiency and meeting their health needs.

Like most young people their age, youth leaving foster care can not achieve immediate economic independence. They carry the additional burdens of the long-term effects of severe abuse and neglect, and of not having access to family members who might provide for some of their needs. This vulnerable population of young people needs sustained support from the child welfare system to ensure that their long-term health needs are met during the transition to adulthood. Most importantly, they deserve the opportunity to achieve their potential as healthy adults and productive citizens.

The Foster Care Independence Act of 1999

The federal government plays an important role in ensuring that young people exiting foster care make a successful transition to adulthood. Congress passed the bipartisan Adoption and Safe Families Act in 1997 to ensure that more children in foster care would have safe and permanent homes. While most children and youths in foster care can eventually return to their biological families, many can not. ASFA makes it easier for many children to move more quickly into permanent adoptive homes or other permanent living arrangements. Adoption, however, is not always possible for many older children in foster care. Congress should now address our obligation to these youths. We should do all that we can to help these youths achieve self-sufficiency. The Foster Care Independence Act, S. 1327, addresses many of the issues. We support this bill and urge Congress to pass the bill this year. This legislation will increase resources, enhance accountability, and increase the chances for a safe, healthy future for America's foster youth.

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Attachment One:
Summary of Outcomes for Youth Formerly Served By the Foster Care System
Child Welfare League of America 1999

Study	Homelessness	Education	Employment	Incarceration	Early Parenthood	Cost-to-Community
Barth (1990) This study documents the experiences of youth who emancipated from foster care.	30% reported having no housing or having to move every week.	At follow-up, 45% of 21 year olds had completed high school	75% were working, with an average income of \$10,000.	31% of youth had been arrested while 26% had served jail time.	40% reported a pregnancy since discharge, most were unplanned.	Almost 40% received AFDC or general assistance funds.
Cook (1991) The study examined the impact of independent living services on enhancing the ability of foster youth to be self-sufficient, 2.5 to 4 years post-discharge.	25% reported at least one night of homelessness.	54% had completed high school.	38% maintained employment for one year.	No data reported.	60% of the women had given birth.	40% were a cost to the community.
Alexander & Huberty (1993) The study was conducted with a sample of former foster youth from The Villages in Indiana, with an average age of 22 years	The average number of moves during the last five years was 7.4.	27% had some college or vocational training.	49% were employed, compared with 67% of 18-24 year olds in the general population.	Almost 42% had been arrested	No data reported.	14% received assistance in the form of food stamps, general assistance, and/or AFDC.
Courtney & Piliavin (1998) The study looked at foster youth transitions to adulthood, 12 to 18 months post-discharge.	12% reported living on the street or in a shelter since discharge.	At 12 to 18 months post-discharge, 55% had completed high school.	50% were employed, & the average weekly wage ranged from \$31 to \$450.	18% experienced post-discharge incarceration	No data reported.	32% received public assistance.

STATEMENT OF AMY CLAY, BELLEVILLE, ILLINOIS

I remember the night that I entered foster care as if it were yesterday. I spent the entire day sitting in the police station. I had run away from a home of abuse, alcoholism, and hopelessness. I don't believe there has ever been a day when I felt more alone than that one, clutching tightly to myself because no one else was there to do it for me. I remember waiting at the Youth Crisis Shelter until they buzzed us in, and signing each and every paper with my childlike signature and the date, 4-4-95. I remember being led to an empty room, with two beds and an empty bureau and putting my only belongings, a backpack full of one that I remembered to grab at the last minute: algebra book, notebook, face wash, underwear, pens, a couple of favorite tapes, a walk-man and various clothing articles. I remember not even crying myself to sleep because I was so exhausted and so relieved to be in a safe bed, listening to the Eagles and thinking about happier times in my childhood.

That night changed my entire life. I would not be writing this right now if that night never occurred. I wonder at times, if I would even be alive. I wonder, if I hadn't entered foster care, how close I would have come to succeeding at self-destruction. Foster care, on many levels saved my life. This, I admit quite openly. So much more, however, needs to be done. My struggle to survive ended when I left home for the sanctity of the Illinois Department of Children and Family Services, only to face a new struggle: the one to succeed.

I was a freshman in high school when I entered the crisis shelter on the far corner of a nearby town. I was placed with other adolescents, who despite their "optimism," were not likely to return home. I knew the day I left home that I would never go back. I never doubted that for a second, so I focused on my future. I felt that if I worked hard, I could have a bright future. I could defy all expectations and succeed. I spent my time in the shelter thinking about and planning my future. I planned how I was going to change my image at my new high school and how I was going to pass Algebra, even though at the time, that didn't seem very possible. I planned how I was going to follow all of the dreams that I had when I was young, about entering politics and saving the world and those childish fantasies that we all have as children. Mainly, though, I waited.

Shortly thereafter, the court ordered me into foster care, and I moved into my Grandmother's house, a new school, and a new life with a whole new set of challenges. Along with these new challenges, came a new vocabulary. I learned quickly the meaning behind such terms as return home and permanency. It took the system a year to catch up with my own goals, and then they introduced another term: Independence. "Yes!" I thought, "Independence!" Independence sounded wonderful, I could be on my own. I wouldn't have to depend on and be let down by anyone anymore. I could do everything myself. Or could I? I was sixteen years old at this point, only a sophomore in high school. I had no idea. I am almost twenty now. I think I have even less of an idea now. I couldn't imagine total independence now. I am not ready, and I get the feeling that no one ever really is. So why do we expect kids who have lived lives of instability and pain to be independent when they hit the magic age of eighteen.

I had goals. That was about the only thing I did have. I set out to pass Algebra, and I did so. I wanted to go to college. I had very little idea as to how I intended to achieve this. Going to college wasn't Algebra. It was much larger, much more intangible. As I moved into a goal of Independence, I expected to find guidance for such issues. There was so much I didn't know. There was so much parents tell their children that I missed, moving around from one unstable foster home to another. In five years, I saw four foster homes and the crisis shelter. I was so unprepared for adulthood, that I couldn't even fathom how truly unprepared I was.

To remedy such situations, the State of Illinois initiated a program called Preparing for Adult Living (PAL). The premise of the program: to prepare foster youth for the real world with life skills training such as obtaining a job and an apartment, balancing a checkbook, doing simple household chores, and other tasks that would lay the groundwork for a successful transition into adulthood. Unfortunately, this program did not lay the groundwork for adulthood, it acted as a mere supplement to the life-skills training, the creators of the curriculum must have assumed we received elsewhere. In the eight weeks of Wednesday night classes, I really learned only how to complete a 1040EZ. We discussed issues such as grocery shopping. We also learned how to fill out the standard blank application that one would use to obtain only a minimum wage. The jobs that my peers in the PAL program could get with such training would not support my high school friends' clothing budgets, much less a living. Further, of the ten of us that participated in the program, seven were pregnant or parenting. We never discussed contraception or family planning. Two of us wanted to attend college and another wanted to go into the army. Never

once did we discuss education or training beyond high school. The curriculum that PAL provided would prepare me for nothing beyond the way of life in my abusive home: one of just surviving.

I was determined to go to college though. I reached out to my teachers and counselors at school. I taught myself how to network and build support systems and I used every resource that I could find available. I signed up and took my standardized tests, I raised four thousand dollars in scholarship money, and I was accepted into each of the six schools at which I applied.

My agency had no role in this process. When I announce my plans to attend college my case plan reflected this by stating that I was to enroll in college and obtain scholarship money. That's it. Nothing more. I was given no guidance for this process. I wasn't even informed of the scholarships that my agency offered to Foster Kids. I found out about these scholarships during the internship program that I also found for myself with the Department of Children and Family Services, as a senior in high school. I of course did not find the scholarships until the day of the deadline for the better of the two scholarships. My caseworker didn't inform me of these scholarships at all. I applied for and received the other scholarship.

Don't get me, wrong, I am very thankful for the assistance that I get. The scholarship provides me with similar resources to those that the Foster Care Independence Act could provide to all Foster children. I receive a small monthly stipend, to be applied toward housing and living expenses. Most importantly, I receive medicaid. I don't know exactly what I would do without it either. The living allowance provides a mere "cushion" to fall back on when my finances get tight. It certainly isn't enough to pay for medical care. Even my school health insurance plan that only covers illness and accident would cost me \$125 a month. There is no dental or preventative treatments and no provision for possible medication. Last year, I went without medical care because I chose to leave the state of Illinois to attend a private four year college Washington, DC. My illness in the spring cost me about three hundred dollars in out of pocket expenses. This was money I did not have. I doubt this health plan that I could pay \$125 a month for would cover all of the expenses either. When, I returned this summer, the agency helped me to work out a way of taking care of my medical expenses. Now, I have health care and more security about my finances while at college, allowing me to focus on my studies instead of on figuring out where the money to fund everything is going to come from.

I have the bitter fortune to say that I come from one of the best Independent Living Programs in the country. I say bitter because it is hardly enough. I say fortune, because right now, so few foster youth have the opportunity for such a program. I turned to foster care five years ago to escape my daily struggle to survive in the abusive, unstable home that I once lived in. The system that accepted me came with a whole new set of struggles, many of which I still deal with on a regular basis. I feel I owe to my peers to lessen their struggles as they achieve adulthood. At nineteen, I am hardly independent, but I have faith now that I will make it. That faith comes not only from my personal drive, but in the resources and supports I know my agency will lend me. I am writing to ask you to help me prevent that twenty thousand of my peers that "age out" of the systems from aging into homelessness, pregnancy and poverty. Give them the supports with S 1327 that I have been afforded. Providing these resources will show the aging foster youth in this country that the senate has faith in them to succeed. More importantly though, it provides the resources necessary for anyone to succeed. Foster kids transition from lives of abuse and neglect to lives of turbulence in the system. This bill would help them, hopefully to transition from that turbulence into a stable self-sufficient adulthood. Don't we owe them that transition?

STATEMENT OF THE NATIONAL NETWORK FOR YOUTH

[SUBMITTED BY MIRIAM A. ROLLIN, DIRECTOR OF PUBLIC POLICY]

The National Network for Youth, representing its membership of hundreds of non-profit youth-serving organizations, youth workers and young people from around the nation, supports the Foster Care Independence Act of 1999 (S. 1327). This legislation will expand and improve the Independent Living Program and enable more former foster care youth to successfully transition to independent adulthood. Without this legislation, former foster care children who are not fortunate enough to have been either returned to their own parents or adopted by new parents will continue to suffer from disproportionately low rates of school completion, employment and receiving needed medical care, and disproportionately high rates of victimization and homelessness.

Specifically, the National Network for Youth supports S. 1327 because it is bipartisan legislation that will:

- provide more comprehensive supports and opportunities to more young people who have been in the custody of the state through the foster care system, by offering them the educational, vocational, or career development programs, as well as mentoring programs that they need to succeed, and by increasing the funding for the Independent Living Program to enable that expansion of supports and opportunities to occur;
- provide that adolescents participating in the program under this section participate directly in designing their own program activities that prepare them for independent living, since a key part of assisting young people in their transition to independent adulthood is ensuring that these young people are planning and working toward the future that they see for themselves using a path that they have helped to create;
- provide Independent Living Program services to young people up to age 21, including enabling states to use up to 30% of the funding for room and board for those youth age 18-21 who otherwise have no home;
- give states the option to provide medical assistance coverage for former foster care youth up to age 21, and reserve the Independent Living Program funds for states that do so;
- increase the asset limit for youth participating in the Independent Living program from \$1,000 to \$10,000, so that youth can begin to save funds needed for their short-term future (e.g., apartment security deposits) and long-term future;
- provide for training of foster parents, group home workers and case managers regarding how to best assist young people to transition to self-sufficiency, using a youth development approach;
- provide for coordination with other relevant programs, including the Transitional Living Program authorized through Title III (the Runaway and Homeless Youth Act) of the Juvenile Justice and Delinquency Prevention Act;
- provide for States' consultation with public and private individuals, including young people and organizations in developing the state plan, and for meaningful public comment on the state plan; and
- provide for accountability through data collection and performance measurement.

The National Network for Youth strongly supports this critical legislation for our nation's young people.



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